STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE ST-ATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINTIL 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH 9 BALTIMORE CITY OR COUNTY OF DEATH ( STATE OR FOREIGN MARRIED NEVER MARRIED DIVORCED WIDOWED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION PEOF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13d INSIDE CITY LIMITS? WILLOW. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: Cancer, METGSTA 19KEURT IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse CERTIFICATION 9n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? NOV 21b. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING 00-HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE | NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. sow the deceased alive on \_\_\_\_ 2264 6 R obove, (I) (we) (did) (did not) view the body ofter death 22b. SIGNATURE DEGREE STAFF FUNERAL

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? YES [ NO | 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY ., and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL 12-10-80 PHYSICIAN DIRECTOR PHYSICIAN 276. PHYSICIAN'S NAME (TYPE OR PRINT) MPORT ) ucleson BURIAL CREMATION, REMOVAL NAME OF CEMETERY OR CREMATORY 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE

IF UNDER 24 HRS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 1 YEAR

DHMH - 16 60M 7/84 (VRA 15, 4)

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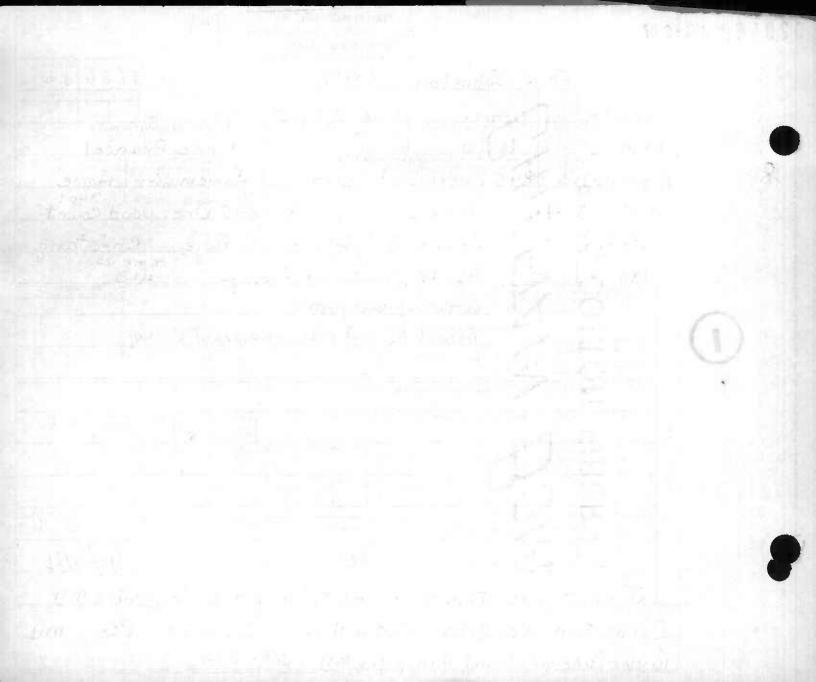


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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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d in	USU 13a		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	0.111
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RYL Lateraly Within	14. F/	THER'S NAME	MIDDLE LAST 15. MOTHER'S MAIDEN NAME	
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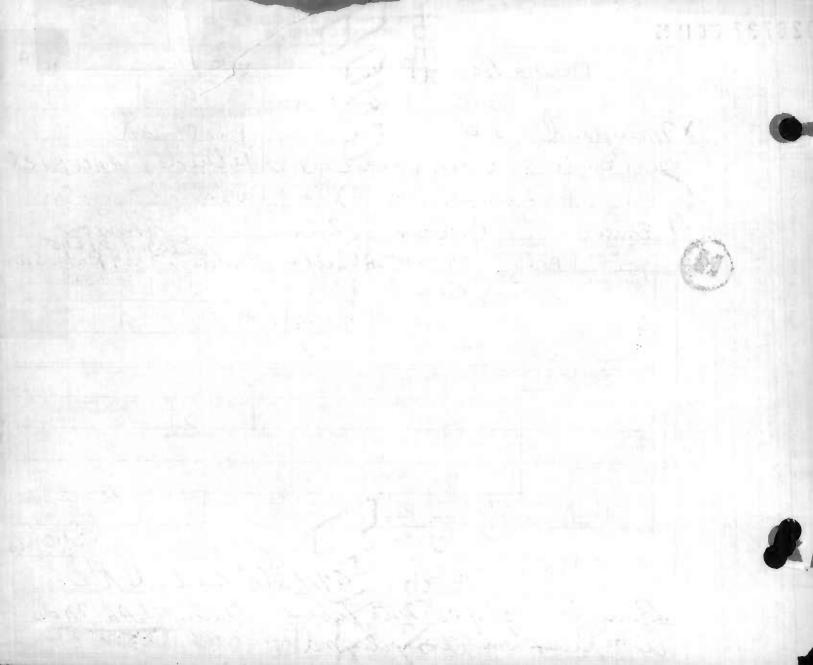
aylor Funeral Chapel-Annapolis, MI)



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24 hour 212	USUAL RESIDENCE (# NURS 130. STATE Maryland	13b. COUNTY A.A. CO. Fe		13e.STREET ADDRESS / ZIP C	CODE City a Ave., 21061
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AND n 24 lilled hould hould		Maryland Ann		Burnie YES NO		7656 Altoona	Beach Rd.	. 21061
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sho sho		SURIAL, CREMATION, REMOVA	AMIREZ, M.D.	23c. NAME OF CEMETERY OR CREM	ATORY	123d. LOCATION	21061	
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VILLIAM FILEWOOTH BARNETT JR DECEMBER 09, 1985 225 PM

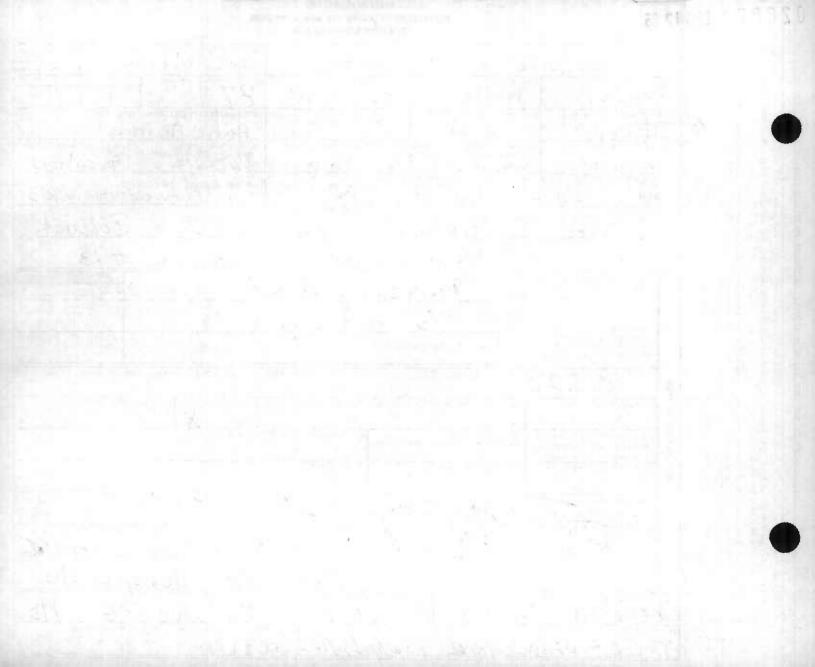
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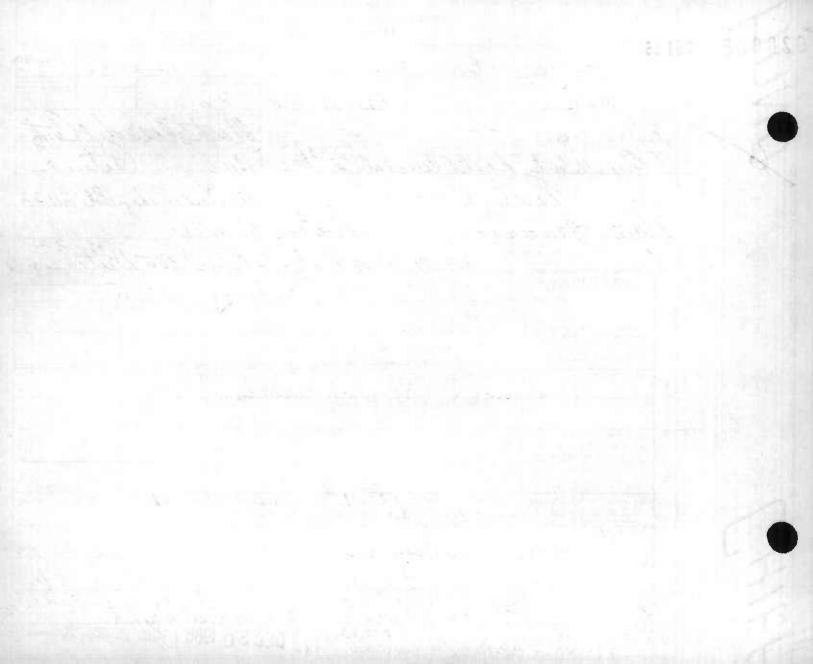
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TIENDIN otto otto to use o of Health		22a.f certify that (1) (this haspital) attended the deceased fram 1, 19 1, to 12 1, that (1) (we) last above, (1) (we) (did) (did not) view the body after death.
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0 0 0 0 W	_	MUSTATA C. OZ MN 605 GAABIVA SP.
BP	230	BURIAL CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF OWN CITY O
DHMH - 16 50M 4/83 (VRA 15, 4)	100	Start S. J.



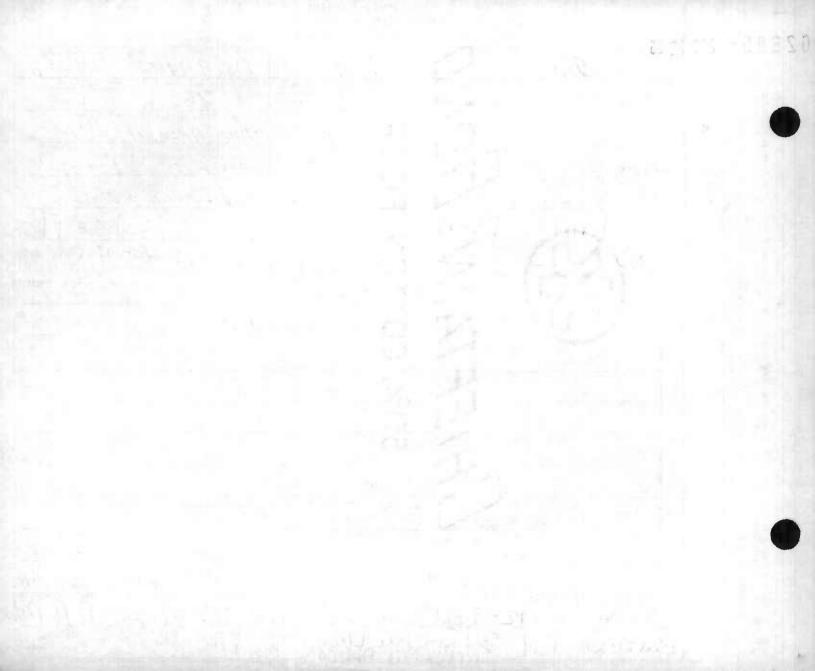
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TWO

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	14. F/	THER'S NAME FIRST	MIDDLE	LAST		MAIDEN NA	ME MIDDLE	LAS	
MAR Selection		Daniel	G.	Stevens	Mar	garet	J.	Shac	de
execut nond co roges 1			RMED FORCES?	166 SOCIAL SECURITY			ADDRESS G16	en Burnie	e Md.
o o o	L.	No		214-56-173	7 John	T. Benne	ett.Jr. 204 5th	Ave. S.J	W
200		18 CAUSE OF DEATH   Enter of PART I. DEATH WAS CAUS	only one cause per l	ne for (a), (b), and (c	DILLA	A - A (A	011 10000	BETWEEN	MATE INTERVAL ONSET AND DEATH
T. E Fill van			ATE CAUSE (o)	CARDIO	- PULIV	TONA	RY AFRESI		
ON STORY OF STORY	Н	(C) 30 (X)	DUE TO, OR	AS_A CONSEQUENC	EOF O	-/-	00001- 110	00/110	
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by the ose remo		gave rise to immediate cause (a), stating the	DUE TO, OR	A CONSEQUENO	E OPC	NEM	ENITIA DI	SENSE	1971
that that d by elease iol, c		underlying cause last.	( lc)	25/1/11		DELL	LI4 1 111		1/0.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND PHYSICIAN. The law requires that the dean strategy of physician.  If the this certificate has been signed by the annual employment and completely os the burial-transit permit. Then please remove the and Mental Hygiene prior to burial, cremation and mental Hygiene prior to burial, cremation and mental B shows any injury, or ather traumatic event, the medical examine asked or them 18 shows any injury, or ather traumatic event, the medical examine	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ACC 12	TH BUT NOT RELATED	NSU	INAL DISEASE OR CONDILIONS	FIVEN IN PART TO	9
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OR: OR: TEN	Н	saw the deceased alive a	10 2/2	19 8	6, and that in (my)	(our) opinion	death accurred an the date and h		
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DHMH - 16 50M 4/83		or come of the city				25a. DAT	E REC'D. BY REGISTRAR 256 REG	ISTRAR'S SIGNAL	AURE .
(VRA 15, 4)		James S. Kirkl	ey, Glen	Burnie, M	aryland	DE	C301986 Mila	Devider . K	And all Is



C. 1901 EASTERN

(VRA 15, 4)

STATE OF MARYLAND



DHMH - 16 60M 7/B4 (VRA 15, 4)

FUNERAL HOME

24 FUNERAL DIRECTOR

12RIDGELYAVE. ANN.MD. 21401

MARYLAND

BB# 0 1 130

JAN

Julia Davidson Pandall

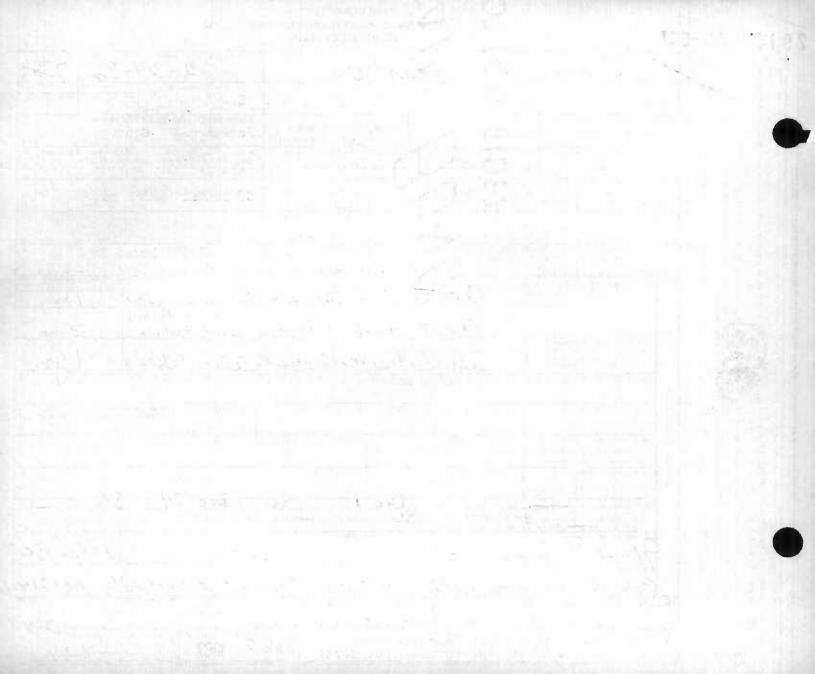
24Francis Gasch's Sons Funeral Home, P.A.

4739 Baltimore Avenue Hyattsville, Md. 20781

DHMH - 16 60M 7/84

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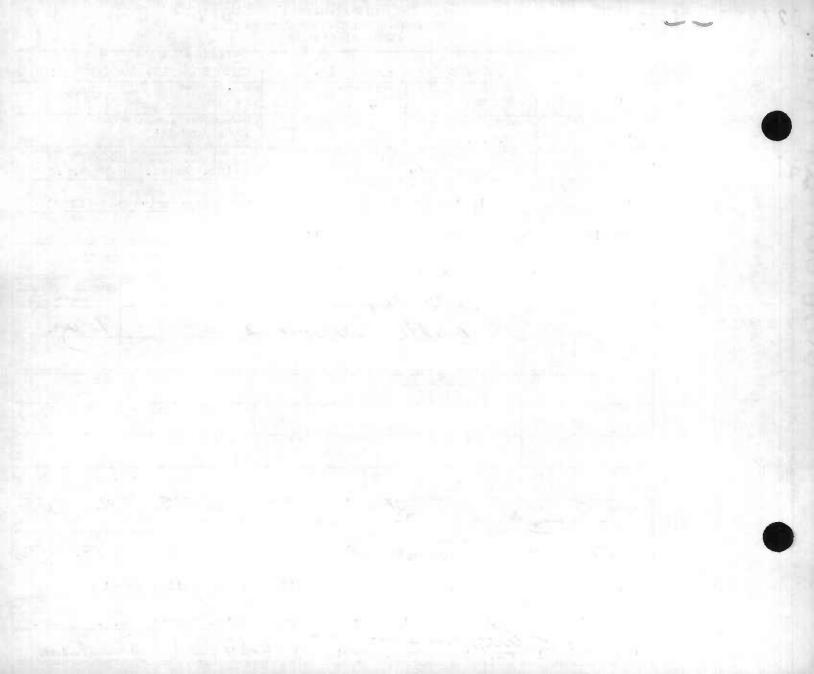
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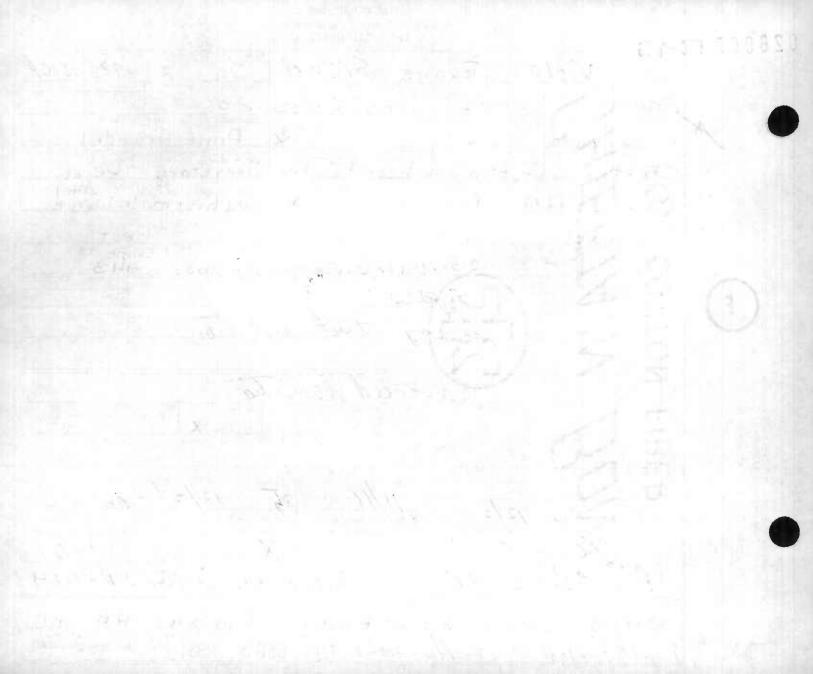


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unafol di hin 72 ho	MA	RYLAND	U.	S.A.	WIDOWE		ANNE ARUNDEL		MD.
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ored with		GILBERT	WIDDLE		HEARS	15. MOTHER'S MAIDEN NAI	MIDDLE	SN OWDEN LAST	
BALTIMORE	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE				nnapolispond. SHEARS 1607 Or	21401 chard Beach Rd.	
PRDS, 201 W. PRESTON ST., requires that the death certifien signed by the affecting by Transconding prints burial, certainable mineral prints burial, certainable arrival injury, or other their mail.	ION	Canditians, if any, gave rise to imme cause (OI, stating underlying cause	DUE TO DU	O, OR AS A CONSEQUENCE	LLLY UENCE OF	ma!	inal disease or condition	I GIVEN IN PART 1/0.	- - =
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DIVISION OF VITAL RECORDS, 201 ING PHYSICIAN: The law requires the attending physician. When this certificate has been signed be as the burial-transit permit. Then plea th and Mental Hygiene prior to burial, and Alemana Hygiene prior to burial, and act there is shown any injury, or a	MEDICAL C	OR CONTRIBUTING CA  (IF EITHER NOTIFY MEDICA  21d. INJURY OCCURRE  WHILE  AT WORK  AT WORK	USE OF DEATH LEXAMINER)  D 21e PLA	A.M. MONTH I P.M. ICE OF INJURY E STREET, FACTORY, OFFICE	19	211 LOCATION	CITY OR TOWN	COUNTY STATE	
AL OR ATTENDO the hospital or AL DIRECTOR, A estached for use the Dept. of Heal		27b. SIGNATHE	alive an () (did nat) view the bo	12/ 19	or or	DEGREE ATTENDING PHYSICIAN	death accurred an the date and	hour and from the causes stated  22c. DATE SIGNED  12/22/86	osi -
TO HOSPITAL retoined by the TO FUNERAL should be det with the Store IMPORTANT:	23o E	22d. PHYSICIAN'S NAM		236	NAME OF C	22e ADDRESS EMETERY OR CREMATORY	1234 LOCATION		_
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DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR LLTAM REESE	Annapolis	, Md. 214	01	25a DAT	EC30 1986	GISTRAR'S SIGNATURE	

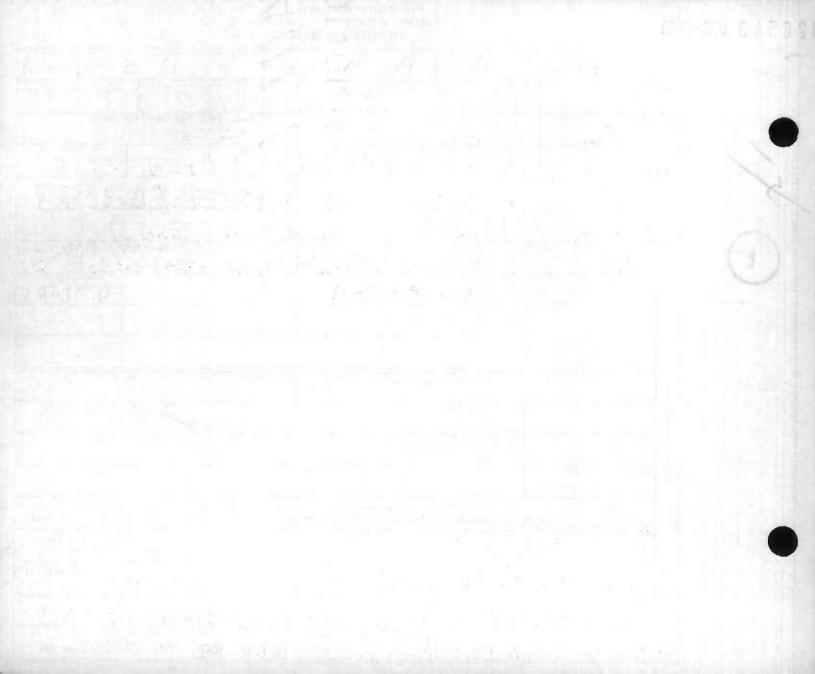
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02	7459-		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 3	3 4 5 /			
			DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
	moy be poge 3 ter deoth		Adam	Deupert	BROWN Sr.	DECEMBER 15, 1	.986 5:36 Mai			
		3.	SEX	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS			
	ecto		Male	White	Nov 12, 1916	70 YRS				
	h. Pa	50	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	7 8 MARRIED ■ NEVER MARRIED □	BALTIMORE CITY OR COUNTY	OF DEATH			
	deott 7		Maryland	U.S.A.	WIDOWED DIVORCED	Anne Arundel	MD.			
1	by the filled with	2	Glen Burnie	(IF NOT IN SUCH FACILITY, GIVE STRE 101 Terry Dri	ve	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Maint. Super.	12b. KIND OF BUSINESS OR INDUSTRY B&A R.R.			
AND 213	hau in be	#5 13	4		wn 13d INSIDE CITY LIMITS?  YES □ NO 🌣	13e.STREET ADDRESS / ZIP CODE 101 Terry Drive	21061			
MARYL		0	FATHER'S NAME FIRST Franklin	H. Brown	IS. MOTHER'S MAIDEN NA FIRST Ella	MIDDLE	L'OOK			
TIMORE	be exert on and s. Pages	16		RMED FORCES? VE WAR OR DATES) 217.07.	MT	Same	e as 13			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2128	aw requires that the death certificate been signed by the attending physic mit. Then please remove carbon pape prior to burial, cremation, ar removal ony injury, or other traumatic event, the signing or property or other traumatic event, the signing of the sign	y injury, or other troumotic event, the	PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT	gove rise to immediate cause los, stating the underlying cause lost.  DUE TO, OR AS A CONSEQUENCE OF Lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE						
F VITAL R	N. The landstrian.		00.000.000.000.00	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 21¢ HOW INJURY OCCUR		YING CAUSES OF DEATH?  NO N			
DIVISION	NDING PHYSICIA bl or attending pl R: After this certif use as the buriol-t dealth and Mental is marked or frem	1	220.1 certify the (this hosp	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICI	JAN / 1983	city or 10WN	COUNTY STATE			
	TO HOSPITAL OR ATTERCIONED by the hospital certained by the hospital TO FUNERAL DIRECTO should be detached for with the State Dept. of HMPORTANT; if Item 21	1	sow the deceased almost observed (Mine) (did rid in 27th SIGNATURE) 27th PHYSICIAN'S NAME TYPE (Dr. Barry Nat		DEGREE ATTENDING PHYSICIAN P	MEDICAL STAFF DIRECTOR PHYSICIAN St. Annapolis, Ma	12/15/86			
		23	<ul> <li>BURIAL, CREMATION, REMOVAL (SPECIFY)</li> </ul>		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE			
	BP	1	Entombment FUNERAL DIRECTOR	Dec,17,1986	Glen Haven Mem Park		A.A. Md.			
	DHMH - 16 60M 7/84		HAMA Y	Muster	111	E REC'D. BY REGISTRAR 256. REGISTR				
	(VRA 15, 4)	S	ingleton Funeral	Home, Glen Bur	nie, Maryland	-10100	cordson. Randalle			





265	543 D	EC -9	86.	FOR STATE REGISTRAR		PARTMENT OF HEA	F MARYLAND LTH AND MENTAL HYO ATE OF DEATH	REG. NO.	3 -	5 1
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	ge 4 may sctor, pa rs after d		3. SEX	F	4. RACE	5. DATE OF B	25 1916	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS H	FUNDER 24 HRS
	and die	35		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY	MARRIED [	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUN		MD.
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DS, 201 W. PRESTON	gned by the attendent	ra burial, cremation, ar r injury, ar ather traumatic	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)  CONDITIONS CONTRIBUTION	SEOUENCE OF	DT RELATED TO THE TERM	ninal disease or condition (	GIVEN IN PART Ita	
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A REC	1 2	178 DATE OF OPERATION	170 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPST!	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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크루 크림의 등		a VH	ochen.	ATTENDING PHYSICIAN S	MEDICAL STAFF	AND 1/2/4/6/
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page 3	-dllb.vbi	BETTY	LOU	BURGESS	12	2 86 6:00 A
4 mo	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YES	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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ooth.		RYLAND	U.S.A.	WIDOWED DIVORCE	X ANNE ARUNDEL	COUNTY MD.
frer d	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTIO	ON 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
S of	GI	EN BURNIE	1819 Dorsey		Housewife	Homemaker
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far use o af Health		saw the deceased alive ar	at view the body after death.	, 19_ , and that in (my) (our) o	pinion death occurred on the date and ha	that (1) (we) last and from the causes stated
yy the haspita RAL DIRECTOR detached for or tote Dept. of H NT: If them 21 if		27% SIGNATURE	Coule		ING DIRECTOR PHYSICIAN	12/3/86
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BP		URIAL, CREMATION, REMOVAL SPECIFY BURIAL		NAME OF CEMETERY OR CREMA Len Haven Park		ANTYA. Md. STATE
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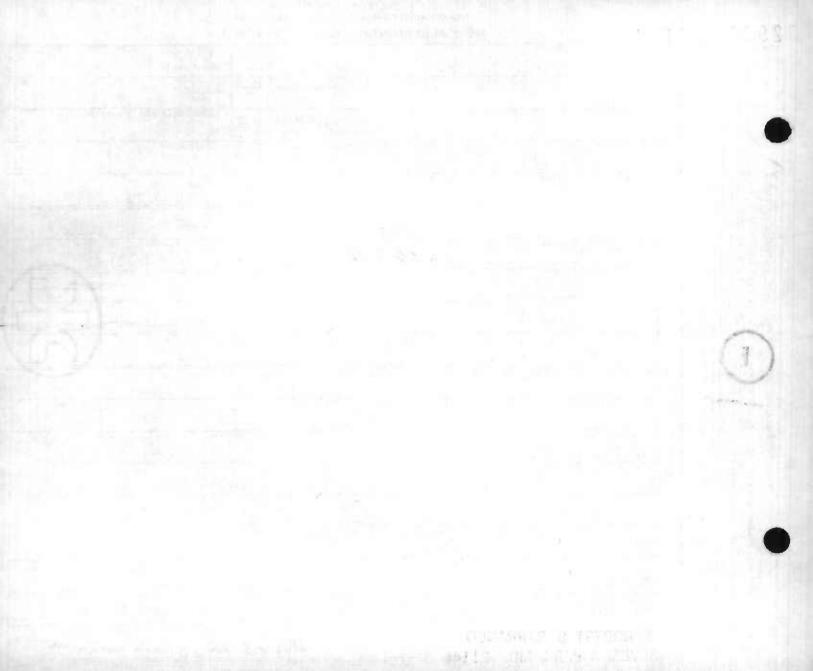
STATE OF MARYLAND

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0030 JAN -	]. DE	CEASED NAME FIRST		WICOTE		ASI	20. DATE OF DEATH	HINOM	DAY YEAR	2b HOUR
page 3		THOMAS	•	E.	BUTLE	R Sr.	DECEMBER	24,	1986	525 PM
mo)	3. SE	Х	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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	1	Thomas	MIDDLE .	Butler		Margar			Lis	nk
dicol dicol		WAS DECEASED EVER IN U.S. ARI	MED FORCES?	166 SOCIAL SE	CURITY NO.	17. INFORMANT	ADDR	SS		E XIII
Pog.		No	t war or dates;	212-07	7-3037	Estella C.	Butler	Same	as #1	3
The law requires their research cardina.  Sicion.  The has been signed by the city and progreene prior to burial, a constitution on shows any injury, or other transments.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), storing the underlying couse lost.  PART 2. OTHER SIGNIFICANT COURT OF THE	DUE 10.0	ONTRIBUTING IT	DEATH BUT	nuos	20a AUTOPSY?  YES NO	20b. IF YES	S, WERE FINDIN FYING CAUSES IS	NGS USED
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G PHYSIC ottending er this cer er this cer is the buria and Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE	E. FARM, ETC )	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
Africa Africa		220.1 certify that (1) (this haspi	tal) attended th	he deceased from	12-	17 19 86	10/17-	1×	19 86	that (I) (we) lost
TTEN Pirtola TOR for u		sow the deceased olive on obove, (I) (we) (a) (did no	12 ~	19 years	-8-60	nd that in (my) (our) opinion	death occurred on the d	ate and hou	ond from the	couses stoted
OR A DIRECTOR A DEPT.		27b. SIGNATURE	/ view the body	Oner dealii.	1	DEGREE			22c. DATE	SIGNED
E 0 =	1	1115	40 1L	Dessel	1/1	MATTENDING PHYSICIAN F	MEDICAL STA	FF CIAN []	12	2- 8
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE () MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO MIDDLE DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED William Timothy Carter 30 /1986 SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 6:20 3 - 26 - 7016 Male White DEAD 12/31/ 1986 BIRTHPLACE (STATE OR L CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X FOREIGN COUNTRY) United States Maryland WIDOWED DIVORCED Anne Arundel
120. USUAL OCCUPATION (TYPE OF WORK County A CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) Student Severna Park Severn River High School WAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION) 3m STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS YES 🗌 14 Kimberly Court/21146 Maryland Anne Arundel NOTE Severna Park 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE **LAST** MIDDLE CIDST FIRST V. Rice Walter Carter Mary 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS Walter Carter (Same as # 13) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CULE TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USEN AFTER DEATH WITH THE STATE DEPARTMENT CHARACTER PAGE 3 STATE DEPARTMENT CHARACTER DEPARTMENT OF THE STATE DEPARTMENT OF TH YES V NO [ 71a EXTERNAL CAUSE WAS 116 TIME OF INJURY
HOUR M. MONTH DAY YEAR 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 UNDERLYING OR HOURGEM. MONTH DAT TEAK CONTRIBUTING CAUSE OF DEATH 2:00P.M. 12/30/ 19 86 subject drowned when boat capsized 214 INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. III. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC ) Severna Park, Anne Arundel Severn River. water 274 I certify that I took charge of the remains described above, held an Autopsy ond in my opinion Accident X death resulted from: Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE M. Deputy ChiefMEDICAL EXAMINER 1/1/87 EXAMINER'S NAME M. Dixon, Penn St. TYPE OR PRINT) M.D. ADDRESS. 23a BURIAL, CREMATION REMOVAL 23d LOCATION 234 NAME OF CEMETERY OR CREMATORY STATE Meadowridge Cemetery Burial Dorsey, MD 07/84 BP. Howard 25M 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE BARRANGO **DHMH - 17** (VR A15 ME (5)) SEVERMA



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CERTIFICATE OF DEATH REG NO DECEASED NAME LAST 20. DATE OF DEATH MONTH 2h HOUR CTIFFE CHIPPINTS 12-17-86 Edward Harold Champ 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYPAR 1. SEX IF LINDER 24 HRS Male White 8-8-1927 BALTIMORE CITY OR COUNTY OF DEATH BURTHPLACE - STATE OF FORLOW 76 CITIZEN OF WHAT COUNTRY? MARRIED XXNEVER MARRIED Anne Arundel Co. New York USA WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR Anne Arundel General Hosp. Post of tice USGOV. Annapolis UAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) AACO. Crownsvill 13e.STREET ADDRESS / ZIP CODE 113d INSIDE CITY LIMITS? Md. 79 Summerhill NO K AFATHER'S NAME 15 MOTHER'S MAIDEN NAME Champ MIDDLE Walter Marv Mariev 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Same as #13 124-18-0818 Fumi F. Champ APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY. MRREST mour IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF myocmola Bure INFORGTON Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse KREEN CHILDREM PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YESX NO NO [ YES [ 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY STREET CITY OR TOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from \_\_\_\_\_, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN TORECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 9326 Lanham Hdraver W. Dr, Lara

23a BURIAL, CREMATION, REMOVAL (SPECIFY) Cremation

FOR

23b. DATE 12-19-86 23c. NAME OF CEMETERY OR CREMATORY Westview Crematory Barte

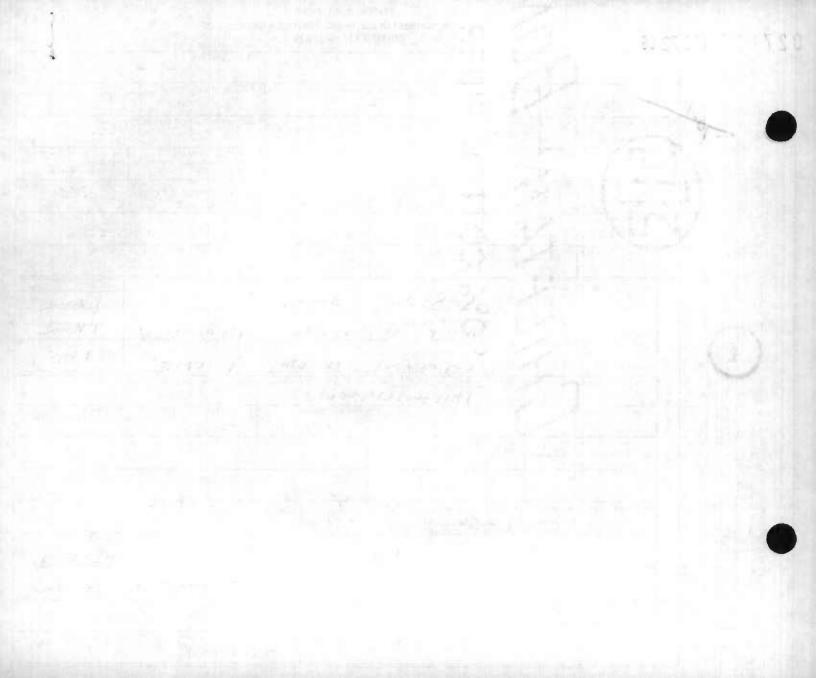
23d LOCATION Ba 1 toni

Md STATE

24 FUNERAL DIRECTOR NAME Hardesty Funeral Home AnnapolisMd.

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Denda

DHMH - 16 60M 7/84 (VRA 15, 4)



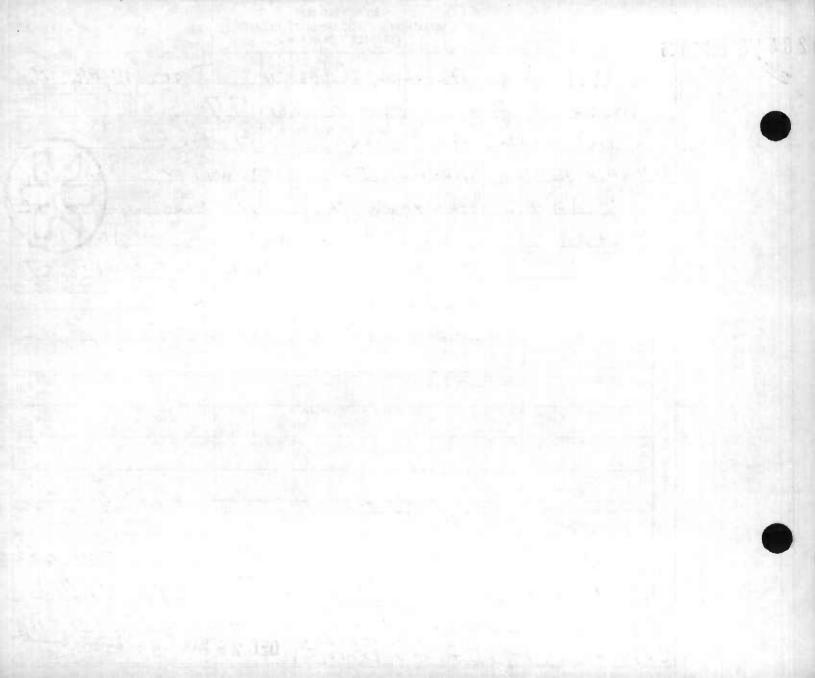
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requires that the dear een signed by the other it. Then please remove in it in burial, cremation, y injury, or other troum	TION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C		G TO DEATH BUT				
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TO MEDICAL EXAMINER: TE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2	73o.1	BURIAL, CREMA	TION, REMOVAL					R CREMATORY	[23d, LOC	ATION			
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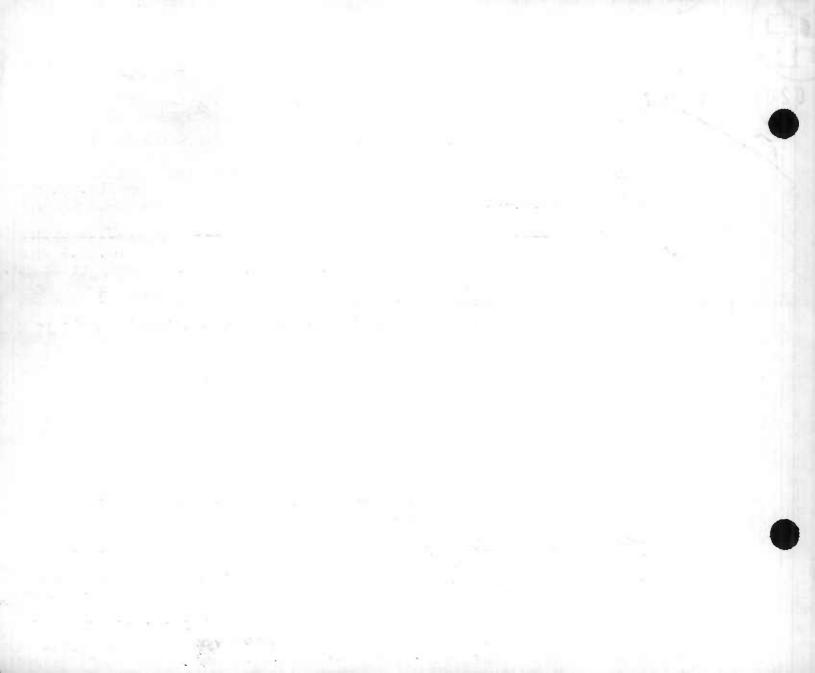
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the shegal director, page 3. They be the shegal director, page 3. They be the death 72 hours after death 7	DECEASED NAME  FIRST  MIDDLE  LAST  20. DATE OF DEATH MONTH DAY YEAR 2b HOUR  PEOR PRINT!  A RACE  S. DATE OF BIRTH  MONTH DAY  MONTHS DAYS HOUBER 23 HRS  MONTHS DAYS HOUBER 23 HRS  MONTHS DAYS HOUR  TO CITTURE NO F WHAT COUNTRY?  MARRIED   NEVER MARRIED    WIDOWED D DIVORCED    11. NAME OF HOSPITAL, NURSING HOME OR OHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  (IT YEE OF WORK FOLLOGST OF WORKING LIFE) INDUSTRY
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requires that the death certificate is signed by the ottending physici. Then please remove carbon appear to buriol, cremation, or removal, injury, or other troumatic event, the	18 CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR ASIA CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a)
DIVISION OF VITAL RECORD  TO HOSPITAL OR ATTENDING PHYSICIAN. The low requestioned by the hospital or otherdung physician.  TO FUNERAL DIRECTOR, After this certificate has been sixuould be detached for use as the buriol-tronsit permit. The with the State Dept. or Health and Mertal Hygiene prior to IMPORTANT: If them 21 is marked or item. 18 shows any injune that the state of the prior to IMPORTANT: If them 21 is marked or item. 18 shows any injune that the state of the prior to IMPORTANT: If them 21 is marked or item. 18 shows any injune that the state of the prior to IMPORTANT: If them 21 is marked or item. 18 shows any injune that the state of the prior to IMPORTANT: If them 21 is marked or item. 18 shows any injune that the prior that the prio	190 DATE OF OPERATION   196 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?   YES   NO
BP	236 BURTAL, CREMATION, REMOVAL 236. DATE 237 NAME OF CEMETERY OR CREMATORY 238. LOCATION THROUGH STATE  1 FUNERAL DIRECTOR  24 FUNERAL DIRECTOR  24 FUNERAL DIRECTOR  25 DATE REC'D. BY REGISTRAJES SIGNATURE  26 DEC 29 DE





STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20 DATE OF DEATH MONTH CLARK DECEMBER 21, 1986 1330 PM 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Female White BALTIMORE CITY OF COUNTY OF DEATH ANNE ARUNDEL COUNTY BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED XXVEVER MARRIED Md. WIDOWED DIVORCED [ NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NORTHHARUNDE TENDES TITAL 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR GLEN BURNTE TYPE OF WORK FOR MOST OF WORKING HEE Housewife. AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 13e STREET ADDRESS / ZIP CODE Balto. . Md. 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES WY NO 507 Queensgate Rd. #21229 Ralto Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST William Bauer 17 INFORMANT 212 Hickory Point Rd.-Pasadena, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? william E. Bender Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [ 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from , and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 7% DATE SIGNED ATTENDING MEDICAL id be de the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) L. SEENIVASAN, M.D. BALTIMORE, MARYLAND 21225 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Dec. 24.1986 Loudon Pk. Cem Balto Md. Burial FUNERAL DIRECTOR Schwab 5151 Balto.Nat'l.Pike 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) #21229

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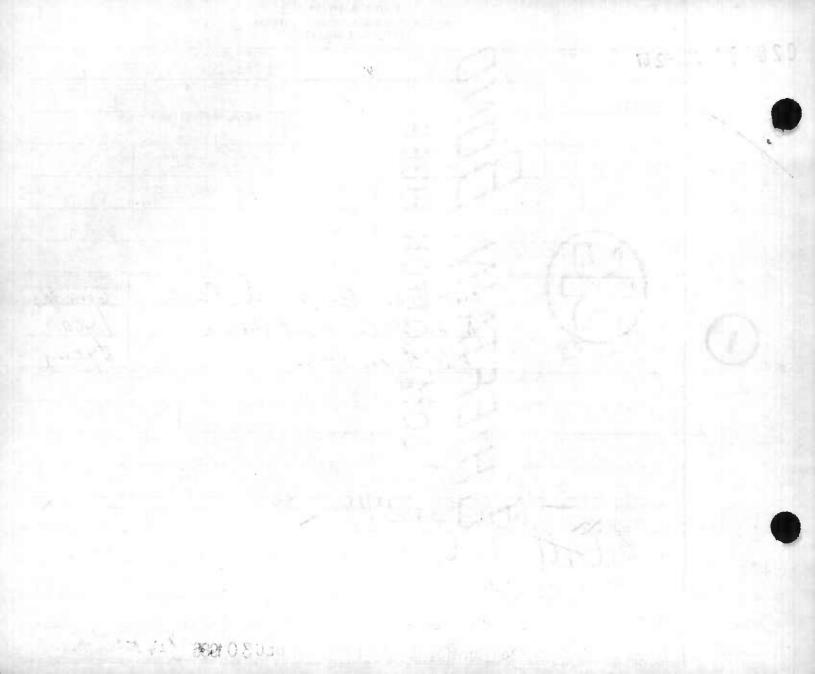
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 have affected retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attracting in ysicion and completely filled in by the funday should be described for use on the buriotherisity permitting the plant of the control of	MAPORTANT: If them 21 is marked or them 18 them on injury, or other transmission with the medicol-excomple must be notified of
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JA	L DEC	Anne	E.	Huc	dy'	December 25		2b. HOUR 12:00 M
		Female	4 RACE White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRTHI	YRS MONTHS 6	DAYS HOURS MIN.
2	10. CI	RTHPLACE (STATE OR FOREIGN COUNTRY) ennsylvania TY OR TOWN OF DEATH len Burnie	75 CITIZEN OF WHAT COUNTRY?  U.S.A.  11. NAME OF HOSPITAL, NÜRSIR  (IF NOT INSUCH FACILITY, GIVE STREET  8105 Phirne	MARRIE WIDOWE NG HOME (		9. BALTIMORE CITY OR  Anne Aru  120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF V Homemaker	undel Cour	nty MD.
-	13a. S	TATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR ITY .A. GITY OR TOW Glen Bu	/N	13d. INSIDE CITY LIMITS?  YES NO X	13. STREET ADDRESS / 1	zip CODE ne Rd. 2	1061
)			Lucas Lucas		Mary	MIDDLE		oriyak
1		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? 166 SOCIAL SECU 208-10-		Carol Barro	on same as 13	3	
3	NC	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DE TO, OR AS A CONSEQUE  OBT:  DUE TO, OR AS A CONSEQUE  ODUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  ONDITIONS CONTRIBUTING TO	ENCE OF	Las Heart Larce NOT RELATED TO THE TERM	DHEASE OR CONDI	2 1	PROXIMATE INTERVAL VEEN ONSET AND DEATH OMNITHAT YEAR
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS USED USES OF DEATH? NO
7	MEDICAL CER	tow the descound affice on shows (I) (w) The (ided not 17th Signature)	P.M. 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, tol) attended the described from	FARM, ETC )		CITY OR TOWN	, 19e ond hour ond from	state , that (I) (wa) lost
/		Elliott Gorb	aty M.D.		7845 Oakwo	ood Rd., Gler	n Burnie,	MD 21061
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN Windher	COUNTY	STATE PA

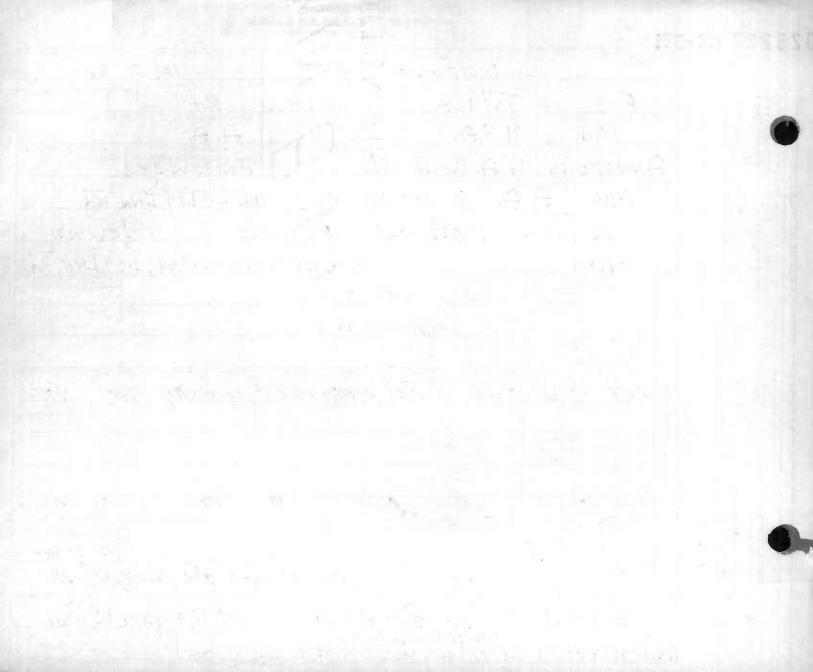
24 FUNERAL DIRECTOR
James S. Kirkley, Glen Burnie, MD 21061 DHMH - 16 60M 7/84 (VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE
DEU 30 1986

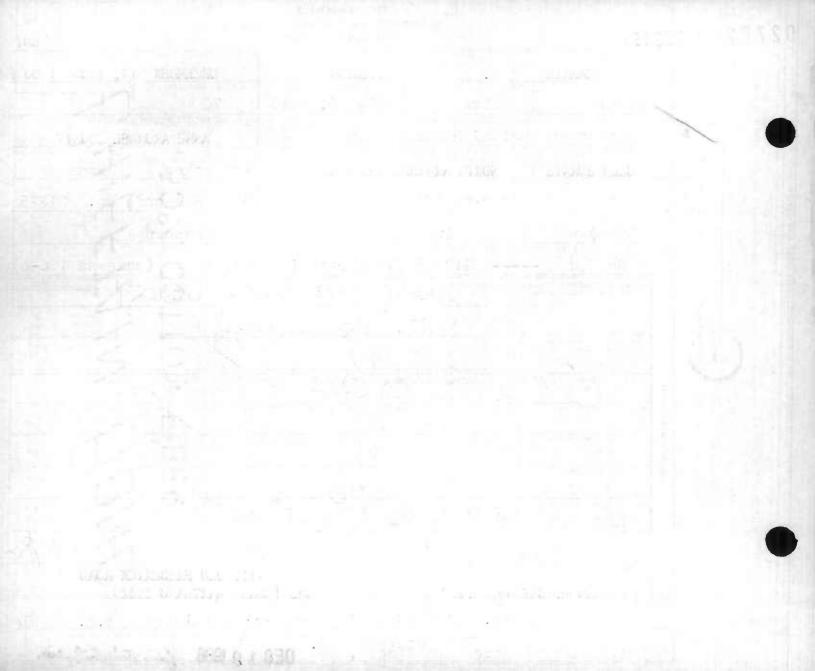


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2g. DATE OF DEATH DYP DEPRINT 3. SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR MONTH DAY White 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED N. Carolina WIDOWED DIVORCED [ A. Arundel County ID CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Arundel Hosp. Annapolis Guard Security USUAL RESIDENCE (IF NURSING) 38 COUNTY 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1862 Generals Hwy. Md. Arundel NOF 21401 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Jay Clodfelter Fannie Lackey 166 SOCIAL SECURITY NO ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 1862 Generals Hwy. (IF YES, GIVE WAR OR DATES) Ms. Carol A. Donaldson Annapolis, Md. Yes WWII 579-05-4528 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic-PART I. DEATH WAS CAUSED BY BRAIN ANOXIA MAMEDIATE CAUSE (o CARDIO RESPIRATORY ARREST Conditions, if ony, which couse (o), stating underlying couse 2 to cervical INTURY & TETRAPLUGIA CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 71n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINERS HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 22a I certify that (this hospital) attended the deceased fro nd that in (pg) (our) apinian death accurred on the date and haur and from the couses stated DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 11/1/1/ 12-10-86 Remova1 4 FUNERAL DIRECTOR DHMH - 16 60M 7/84 NAME Anatomy Board Balto., Md. (VRA 15, 4)

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STATE OF MARYLAND



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BATATE DECEASED NAME FIRST 20 DATE OF DEATH MONTH YEAR 26 HOUR LIVPE OR PRINTS EDITH ESKESEN COMBS DEC. 10,1986 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF UNDER 24 HRS 1. SEX 4 RACE IF UNDER 1 YEAR female white Dec. 17, 1898 87 TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED NOUNTRY) U.S.A. ANNE ARUNDEL CO. WIDOWEDXX 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR ANNAPOLIS NURSING & CONV. HOUSEHOLD CEN. HOUSEWIFE ANNAPOLIS SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION ANNAPOLIS 136 COUNTY 134 INSIDE CITY LIMITS? 13. STREET ADDRESS ZIP CODE 539 SECOND ST. C MD. A.A. 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CARLSON BENNET ESKESEN GUNDEL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 216-46-8118 EDITH SCHMIDT SAME AS 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (m), (b), and copart I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Colheronclason Canditians, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21a PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hespital) attended the deceased fram sow the decembed olive on and that in (my) (our) opinion death occurred on the date and have and from the causes stated 27% SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN CTYPE OF PRINCIP 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

HARDESTY FUNERAL HOME 12 Ridgely Ave. Ann. MD

DEC.

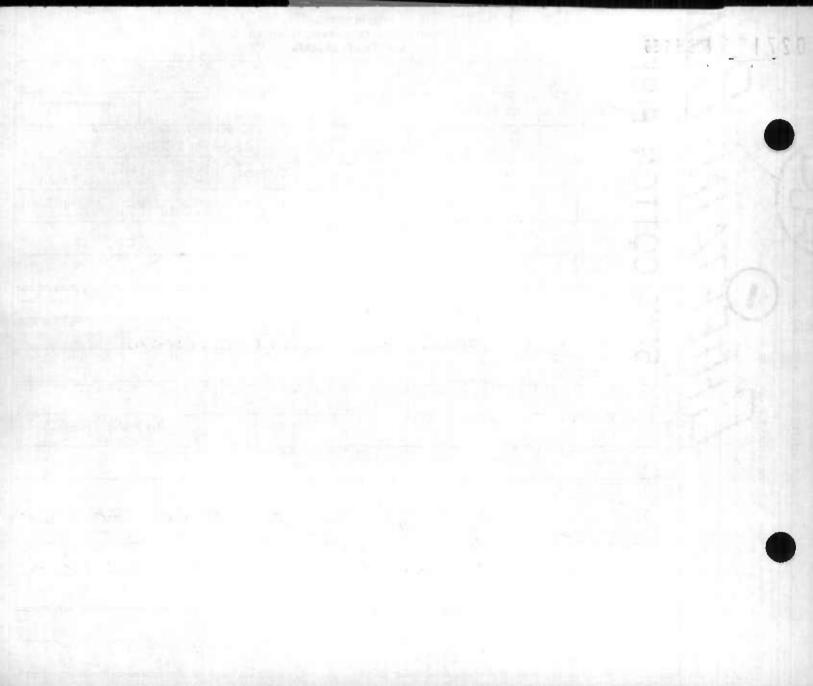
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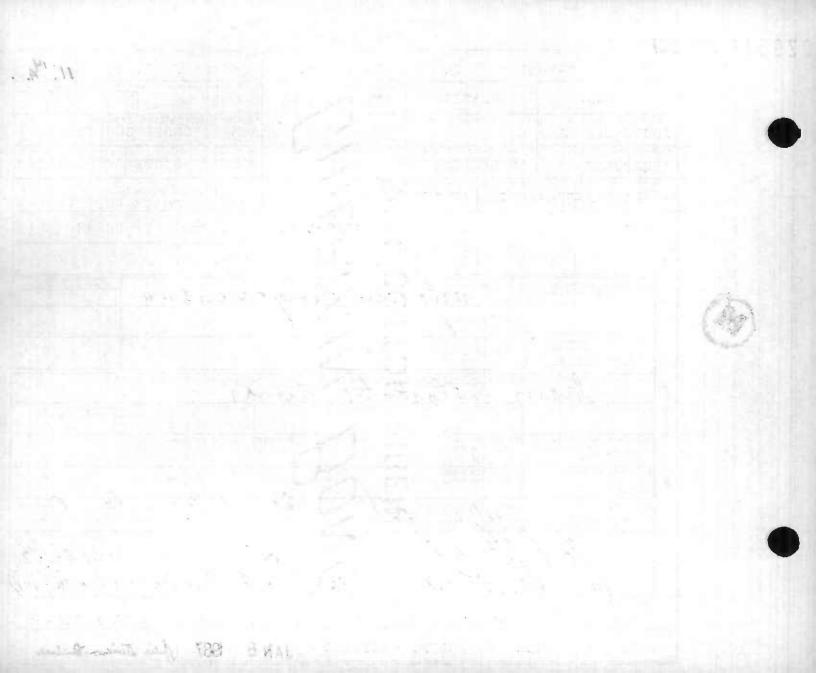
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ROBERT E EAURANCO SEVERNA PARKLIND. 21146

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O HOSPITAL OR efoired by the It of FUNERAL DIS should be detacted with the Store De MAPORTANT: If It.		224 PHYSICIAN	Mary.	///ec	6/		ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL DIRECTOR P	STAFF HYSICIAN []	12/	26/86
TO HOSP retained by the Should be with the Should b		la	0/1	rerez	MO		1699 Cue	flour Blu	d Dex 3	49/ 64	Ton M
7 6 F 23 3	23a. BU	JRIAL, CREMATIO	N, REMOVAL	1000	1000		EMETERY OR CREMATORY	23d. LOCATION	WN	COUNTY	STATE
BP		BURIAL		12-24	-86 H	ILLC	REST ANNAPO	LIS ANN	E ARUNI	DEL MA	
DHMH - 16 60M 7/B4		NERAL DIRECTOR		MIC AMM	A PO IADRES	MAD		REC'D. BY REGIS		TRAR'S SIGNAT	



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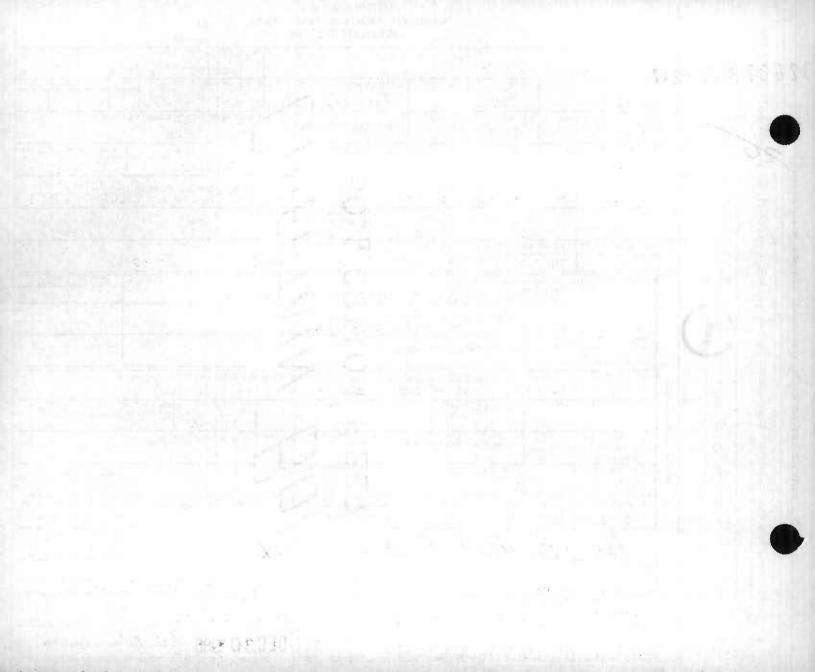
## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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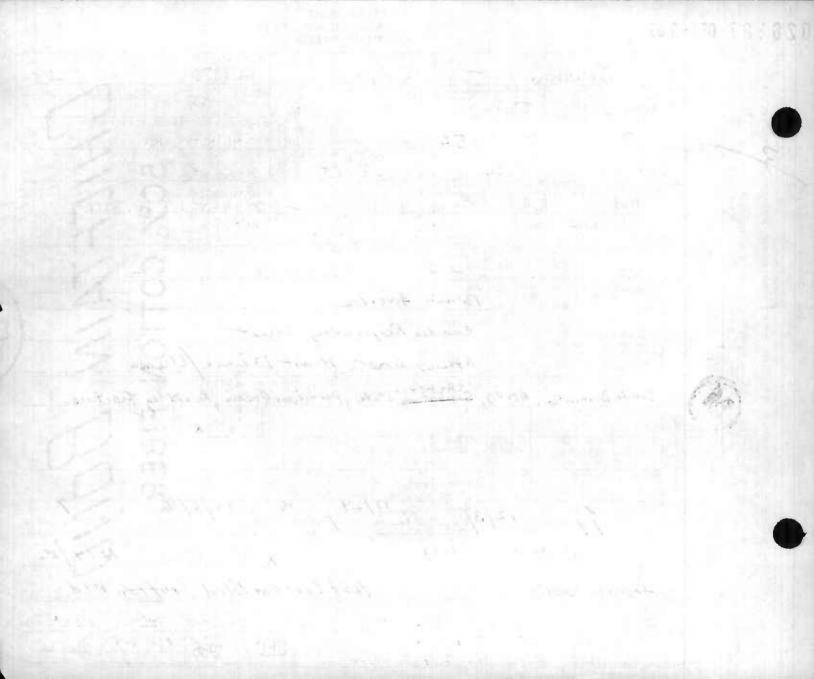
	1 -	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		EASED NAME	FIRST	٨	MIDDLE.		LAST		MONTH	DAY YEAR	2b. HOUR
	0 03	OR PRINT)  W	LBUR	H. COOK				December	24,	1986	1740 M
	3. SE	(	20.00	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
		MALE		CAUC		Apr:	$11 22^{\circ}, 1923^{\circ}$	6:3	YRS	MONTHS DATS	HOURS MIN.
0		RTHPLACE (STATE OF F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	DEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	٨
9		Iowa		USA		WIDOWE		Fort Mea	de	HI	MD.
1	10 CI	TY OR TOWN OF DEA	TH		OSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPAT		126, KIND (	OF BUSINESS OR
		rt Meade		Kimbrou	gh Army (	Commu	nity Hospital			Mili	tary
5	13e. S	AL RESIDENCE (IF NURS TATE .ryland	136. COU	VTY	GIVE RESIDENCE BEFORE  131. CITY OR TOWN  Glen Bur	N	13d. INSIDE CITY LIMITS? YESXXX NO []	13e STREET ADDRESS 901 Phyle:	zip con	DE 21061	21061
A	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA			LA	
U	a l	Jossiah		Н.	Cook		Emma	Marie			eren
1		VAS DECEASED EVER		MED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR			4-14-15
		Yes, no or unknown)		3-1963	485-16-2	2623	Wife, Lorr	raine S	ame a	s 13	
		18 CAUSE OF DEAT	H (Enter ar							APPRO) BETWEEN	ONSET AND DEATH
		PART I. DEATH W		TE CAUSE (a)	ongestive	e hear	rt failure, S	epesis			
1				DUE TO, OI	R AS A CONSEQUE	NCE OF					
		Conditions, if any,		(b)	Corinery	arte	ery disease				
/	-	gove rise to imm cause (a), statin	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
		underlying cause	last	( (c)							
	z						NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION G	IVEN IN PART 1	(a)
	CERTIFICATION	L1Ve1			nal fail		cancer on was performed	20g AUTOPSY?	201 IE V	ES, WERE FINDI	Nocuses
P	FIC	198. DATE OF OPERA	ION	170 CONDI	INON FOR WHICH	OFERATIO	WAS PERFORMED		IN CERT	TIFYING CAUSES	S OF DEATH?
	ERTI	21g. ACCIDENT WAS UNE	DERLYING T	7 216. TIME O	F IN IURY		21¢ HOW INJURY OCCU	YES NOX		YES DEPART 2	NO X
9		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA			KILLO (ENTER NATIONE OF INSE	at the HEM TO	TAR TOR PARTE	
	MEDICAL	21d INJURY OCCURE		P./ 21e. PLACE (		19	216 LOCATION				
	¥	WHILE NOT WH	ILE		EET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
		22a.l certify that (I)		ital) attended the	e deceased from	22 D	ec 19-86			10 86	that (I) (we) last
		saw the decease					nd that in (my) (aur) opiniar		-		
		17% SIGNATURE	and I ded no	7 /	1 D	1	DEGREE			22c. DATE	SIGNED
		MARI	15	5-HM	it m	0	ATTENDING PHYSICIAN	MEDICAL STA	FF TIAN	24 D	ec 1986
1		22d. PHYSICIAN'S NA	AME (TYPE O	OR PRINT)			22e ADDRESS			1212	00 1000
		HART, MA	ARY B				KACH, MED C	LINIC, FT M	EADE,	MD 207	55
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	(	Burial		Dec. 3	0,1986 Ho	oly Tr	rinity Ch. Ce		5	Howar	
		INERAL DIRECTOR			ADDRESS		25a. DA	TE REC'D. BY REGISTRAR	256 REGIS	STRAR'S SIGNA	TURE
		James S. K	irkle	v. Glen	Burnie	MD	Ut	C30 1986	Jua 1	Davidson-K	and the same

DHMH - 16 60M 7/84 (VRA 15, 4)

James S. Kirkley, Glen Burnie, MD



may be therefore 3 therefore 1	G DECEASED NAME	FIRST	M			EALTH AND MENTAL H ICATE OF DEATH	TGIENE O O REG. N		0	
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7 37()	Crofton			N CONV		IT otr.	housewife		INDUSTRY	30000
1 11 3	USUAL RESIDENCE	NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION)				L Home	1
1 1935	13a. STATE	136 COUN	A.	13c CITY OR TOV		13d INSIDE CITY LIMITS?			2100	cci
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3 82-1910	Antonio			Guerric		Raphae1			UNk	
and cond coges	(YES, NO OR UNKNOW		WAR OR DATES)	166. SOCIAL SECT	JRITY NO.	17 INFORMANT	ADDR	FSS		
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thot by the	underlying	ouse lost	( (c)	Athos	clear	otic Heart	- Desease /	Menio		
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E ALLA S	Serile 2	ementia	ASCUD	Cellan	XI TOI		· ahanie Rec	wil lea ?	Garte	10
1	190 DATE OF O	PERATION	196 CONDI	ION FOR WHICH	OFERATION	N WAS PERFORMED	20a AUTO/SY?	20b. IF ES	VERE FINDIN	NGS USED
o c	Ĭ.						YES NOW	IN CERTIFYII	NG CAUSES	OF DEATH?
ysicio cote onsit Hygir	210. ACCIDENT W	S UNDERLYING	21b. TIME OF	INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU		I OR PART 2)	
2 E	OR CONTRACTOR	CAUSE OF DEA		A. MONTH D						
ding ding ding burio Ment	(IF EITHER, NOTIF	MEDICAL EXAMINER	P.A		19	211. LOCATION		- 675		
the bund A	Z10, 117, JORT OC		21e PLACE C	ET FACTORY OFFICE	FARM ETC )	STREET	CITY OR TO	)wN	COUNTY	STATE
or the or	WHILE AT WORK	OT WHILE AT WORK					- 1	10		
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TEN TOR TOR TOR TOR TOR TOR TOR TOR TOR TOR	saw the de	coused alive an	12/	19_	FG, on	d that in (my) (aur) apinio	on death accurred on the d	ate and hour a	nd Irom the o	causes stated
A SEC AS	22b. SIGNATUR	(and) (ala hat	view the body o	of Fir death.	-	DEGREE			22c. DATE	SIGNED
DIRECTOR H		Dho	Lon	MO		ATTENDING	MEDICAL STA	FF	12/	u la
RAL BAL		778		7.00		PHYSICIAN	DIRECTOR PHYSIC	IAN 🗌	12/	7/86
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TO HOSPITA TO FUNERA Should be de with the Stot	HYDRE	w Gor	DON			165+ Crof	ton Blud	40/6	m M	d
5 £ 5 ₹ } ₹	230 BURIAL, CREMAT		23b DATE	230	NAME OF CI	EMETERY OR CREMATOR				
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KD.				ome, Inc	•	CHI CHIELET	DECLICACO	TITI	ce aco	The s



	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND SEALTH AND MENTAL HY SICATE OF DEATH	YGIENE 8 6	33	3 4	8 2 EST
		CEASED NAME FIRST		MIDDIE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	2b HOUR
0 2 6 9 8 2 DEC 15	06	JAMES	P		CRE	AMER	DECEM	CARL C	1986	440 RM
r. pd	3 SE)	<	4. RACE	391	5. DATE	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST B		UNDER I YEAR	HOURS MIN.
ge 4	ma.	le	whit	е		st 24,1910	76	YRS		
8 360	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF	WHAT COUN	TRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
to the second	Ma	ryland	USA		WIDOW	ED DINORCED		ARUNDE	COUNT	MD.
by the f	e'	GLEN BURNIE	(IF NOT IN SU-	TH ARUN	DEL HOS	PITAL	120 USUAL OCCUPATION OF WORK FOR MOST Self em	OF WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 21201 Sole seeded whin 24 hours of personal terms of the liby oper should be filed in by vol.  It, the medical examiner must be read to the liby of the li	13a. S		ne or other institution ounty ne Arunde	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	21061	
RYLL Ily sh	14. FA	THER'S NAME	WIDDIE	LAST		15 MOTHER'S MAIDEN N	AME		LAST	
A LE NOS	Jol	nn Creamer	MIODIL .			Kathryn Kr			LASI	
RE.		VAS DECEASED EVER IN U.S	ARMED FORCES?		SECURITY NO.	17 INFORMANT	ADDF	ESS		
IMC IIMC	no	(1112	S, ONE WAR ON DATES	218-32	2-4339	Mrs. Helen	Creamer 14	Third A	Avenue	21061
W. PRESTON ST., BAI at the death certificate by the attending physic se remave carbonpape cremotion, or removal, ther troumatic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA IMME  Conditions, if ony, which gave rise to immediate cause (a), stating the	DIATE CAUSE (a)  DUE TO, C	OR AS A CONS	EQUENCE OF				BETWEEN O	MATE INTERVAL INSET AND DEATH
es that the by the please rurial, cre		underlying cause last PART 2 OTHER SIGNIFICA	(c)		CUD	NOT BELATED TO THE TE	PAAINIAI DISEASE OR CON	IDITION CIVE		ar
	Z	Vren	and	SIN	10000	NOT KELATED TO THE TE	MINAL DISEASE ON COI	ADITION GIVEN	A IIA FAKI 110	
DIVISION OF VITAL RECORDS,  NG PHYSICIAN: The law requir  attending physicion.  fiter this certificate has been sig  as the burial-transit permit. Then th and Mental Hygiene prior to be norked or trem 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION	196 COND	DITION FOR W	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?  YES NO S	20b. IF YES, YIN CERTIFYI YES	WERE FINDING NG CAUSES (	GS USED OF DEATH?
ON OF VITA HYSICIAN: Trading physical nis certificate burial-transit I Mental Hygi or Item 18 sh	EDICAL CER	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR A		DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAR	T I OR PART 2)	
DIVISION  OING PHYS or attendin  After this c e as the bur alth and Me morked or th	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	TAT HOME ST	OF INJURY TREET, FACTORY, OF	FFICE, FARM, ETC )	211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
TTENDI pitol or TTOR: A for use of Heal		22a I certify that (I) (this h saw the eccased obove (I) (I) we held (I)	12/9	7		nd that in (my) (aur) pinic	on death occurred on the	gote and hour o	and from the c	hat (I (we lost
AL OR A V the hos AL DIREC detached ore Dept.		22b. SIGNATURE	OX	Qu	recty		MEDICAL STA	AFF CIAN []	12/2	9/Ses
TO HOSPITAL ( retoined by the TO FUNERAL I should be detail with the State E IMPORTANT: #		226 PHISICIANS HAME (1	YPE OR PRINT)			22e. ADDRESS	7845 OAKWOO	D RD, SI	UITE 20	00
A Pouls		DAVID A.	SCHWARTZ	M.D.			HIRNIE, MARY	AND 21	061	
75 -27	23a. B	URIAL, CREMATION, REMO				EMETERY OR CREMATOR	234 LOCATION		COUNTY	STATE
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DHMH - 16 60M 7/84		JNERAL DIRECTOR		ADDE	RESS	25a. D	ATE REC'D. BY REGISTRA		- Be	
(VRA 15, 4)	Am	brose Funeral	Home 13	328 Sul	phur Sp	ring Road Ut	.611 1985	d) con	doon- Kin	dolle.



	1			STATE OF MARTLAND		ms /3
027089	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	0 0	5 4 8 0
	_				REG. NO.	
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
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6 60	3.58	0.7	14 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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9		IVIQ.	LUDIT	WIDOWED DIVORCED	MANNE HRUUM	el la MD.
i to send	10,0	ITY OR TOWN OF DEATH		ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
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7 2 2 4		AT RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION, GIVE RESIDENCE BEF		13 STREET ADDRESS / ZIP COD	a Philes
9 2 48 7	1	md L	111	44 1 5	120/102 00	Postacoca
4 5 26 3	10.0	ATHER'S NAME	1) Owns	15. MOTHER'S MAIDEN N	AME TO S ROWNING	12 Nev 21053
1 1 2 2 9	120	FIRST )	MIDDLE LAST	BURSTAL	AME MIDDLE O	LAST
1 time	) =	JAMPS	S ( ) mon WA	e: Ma)	VE HOO	55
E 8 5 5	16a.	WAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT		N, Md 207.33
0 1 10 7		YES, NO OR WHICHOWHY (IF YES, GI	IVE WAR OR DATES)	10 )/		
2 2 2 1		NO		HENVETTA	Stevenson-56	44ChWichTON K
A Second		18 CAUSE OF DEATH (Enter o	only one cause per lar (o), (b)	and ide A	1 1 1 -11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
m 2 486 5		PART I. DEATH WAS CAUSI	ED BY:	Wesacassial	dentra estren -	160
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201 viet by please by the control of		onderlying course ion.	(ic)			
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a d 2 d 1 d /						ES NO
E 72 5572	18	21a. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18.	PART LOR PART 2)
日 音な 章主音 ア	13	OR CONTRIBUTING CAUSE OF DE		DAY YEAR		
DIVISION OF VIT  BIGGS PHYSICIAN  When the certificant of the build friori th and Mental Hyg  orked of them All st	0	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
O 25 #45 8	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
N of the	12	NOT WHILE AT WORK	, and the street, the total, of the		- 115	
B 85 88 9				-)11/4 71	B II Dec	10 86 that (I) (will last
Z = # 5 # =			attended the deceased from	0/	, 10	, ilidi (i) ( las iusi
E 4 5 4 5		saw the deceased alive an above, (I) (	at) view the body after death.	and that in (my) ( opinion	n death accurred on the date and had	or and Iram the causes stated
五	1	AL IGNATURE	0, 1	DEGREE		22c. DATE SIGNED
0 1 0 30 2		you. m	Quil a los	ATTENDING	MEDICAL STAFF	12/12/01
A 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-	100-911/	+ against		DIRECTOR   PHYSICIAN	17/2/80
Figure 4	1	DE PHYSICIAN NAME (11)	OR PRINT	22e ADDRESS	- 1 01	1:
		THEY IN	1. KICHARO	1500 MD 1041	TORBES-STRA	OT ANNAY MY
Df 551 ₹+	72.0	DISTRICT CREMATION DESCRIPTION	Last CATE	NAME OF CENTERNY OF CRE	Tay LOCATION	7,,,,
	230.	BURIAL, CREMATION REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	MUNTYA ASTALE
BP		5/1/12/	12/15/86 6	benezes'	1321es Ville	H.A. Md.
	24 F	UNERAL DIRECTOR	7   GAVAI	200/15/Md, 2140/150 PM	JE REC'D. BY REGISTRAR 25% REGIS	TRAR'S SIGNATURE
DHMH - 16 60M 7/84	1.	NAME T	15 AND M - TADDRES	TELL I		Devider Pandale
(VRA 15, 4)		MIMIN REESE	+ SONS MONTHAN	Y-82 VUPST OL	0	

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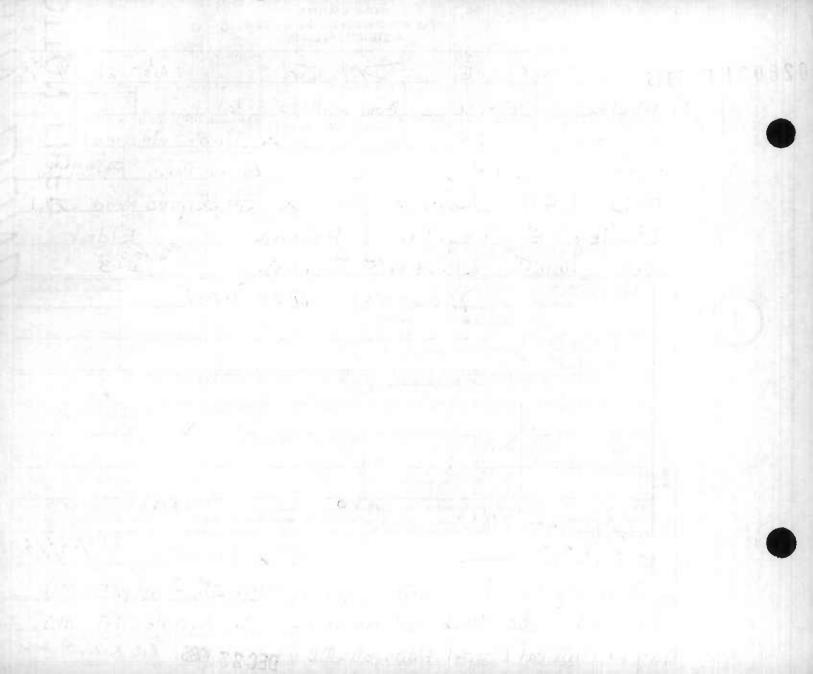
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76869	1.05	REGISTRAR			ATE OF DEATH	REG. N		
9e 3		CEASED NAME FIRST RIPERINT)	and Pay Cu	lber	rson	20. DATE OF DEATH	2 US	86 1617
4 may	3. SE	male	4. RACE	S. DATE OF E	7º13-1997	6 AGE (IN YEARS LAST BIR	MONTHS	R I YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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1 1 3	10 9	NNAPOLIS	11. NAME OF HOSPITAL, NUR MINOT IN SUCH FACING, GIVE STR JUNE FRUA	REET ADDRESS)	EN. HOSP.	120 USUAL OCCUPAT 1409 OF WORK FOR MOST OF ANCHER -		KIND OF BUSINESS OR BUSTRY
Tar house	USU 130	AL RESIDENCE (IF NURSING HOME OR TATE 13) COUNTY	NTY / I I I I I OR TO	OLD 13	INSIDE CITY LIMITS?	13. STREET APORESS	ZIP CON	1625 DR 301
MAKKIL Maplete	14 E)	THER'S NAME ILLIAM	LIVER CULBE	RTSON	MOTHER'S MAIDEN NA	ME 1 MIGGLE	mº,	PLAST 21012
n and co		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) 1941	MED FORCES? 166 SOCIAL SE (E WAR 90 453 52232	9646 K	UTH B.C.	ADDRI ALBERTSON	# 13	21012
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STATE OF MARYLAND - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED 6 AGE (IN YEARS 7d HOUR DATE LAST BIRTHDAY PRONOUNCED 0221 11,1927 Dec. 59 YRS DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF MARRIED X NEVER MARRIED FOREIGN COUNTRY) Philadelphia, WIDOWED [ DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Engineer Bendix 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE DeSombre Hage 1 Hugo Emma 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 178-22-1745 Agnes M. DeSombre, Same as 13 Yes Korea 18 CAUSE OF DEATH (Enter anly one cause per line (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which 5, C. V. D gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM ETC 1 STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinian Inquiry Natural causes death resulted fram: Accident Undetermined manner Suicide EXAMINER'S NAME William P. Jones, M.D. ADDRE 695 America Crt. Davidsonville . Md 21035 13c NAME OF CEMETERY OR CREMATORY Security Process, Inc. Catonsville Dec. 30,86 Cremation 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 James S. Kirkley, Glen Burnie, MD (VR A15 ME (5))

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STATE OF MARYLAND - STATE E DESTRAR REG. NO ASED NAME 20. DATE KNOWN PRINT OF ESTI-DEATH MATED JESOR IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Sept 24,190B DEAD 78RS White 76. CITIZEN OF WHAT COUNTRY? In BIRTHPLACE ISTATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! Anne Arundel Pennsylvania WIDOWED XX DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Lothian 04 4th SSt, Waysons Court Carpenter/Self-employed Waysons 136 CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRES Lothian Court 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Spiegel Didion Tda Philip 16e WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO (YES, NO OR UNKNOWN) 202-12-8714 David Didion/Cheverly. 20785 18 CAUSE OF DEATH (Enter only one cause per the for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: dondettoscular deserre IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF OF HEALTH AND MEI lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION SHOULD BE USED A EPARTMENT OF HEA PRIOR TO BURIAL 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES . 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.1 CITY OR TOWN COUNTY STATE 220. I certify that I took charge of the remains described above, held an Autapsy Inspection and in my opinion death resulted fram: Natural causes Accident Hamicide . Undetermined manner PAGE 4 SHOUN TO FUNERAL D AFFER DEATH, BALTIMORE, M MEDICAL EXAMINER 5009 Rayburn Ct , Temple Hills, MD EXAMINER'S NAME Rodriguez, M.D. Augusto TYPE OR PRINT 230 BURIAL CREMATION REMOVAL 236 DATE 23d. LOCATION Burial . 1986 Queen of Heaven 07/84 BP Peters Township. 24. FUNERAL DIRECTOR Harold Connell & Son, Inc. 250. DATE REC'D. BY REGISTRAR **DHMH - 17** 5120 W. Library Ave, Bethel Park, Penn. (VR A15 ME (5))

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Q € 2 4 3 ₹ <del>1</del>		BURIAL, CREMATION, REMOVAL			TERY OR CREMATORY	23d. LOCATION CITY OR TOWN	2017	STATE
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(VRA 15, 4)	M	ccully Funera	10.Md.21230 1 Home, 130	E. Fort	ve.   0E	C30 1986	ulia Divideon	. Landalle

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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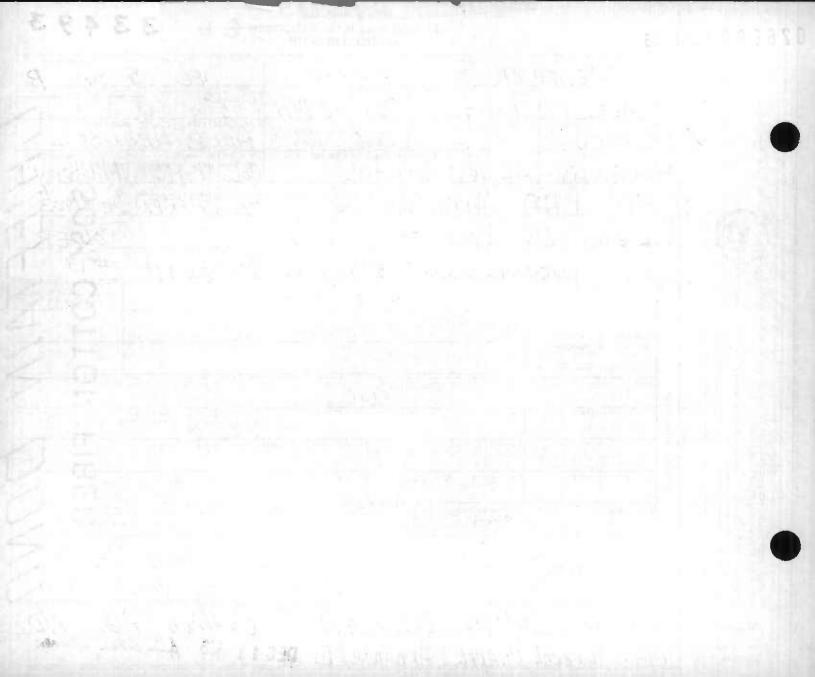
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5	1/1	HER'S NAME	DIE Y WIT.	11	15. MOTHER'S MAIDEN NA	ME	<	Dalast	
	0	TEDEGE C.	LOWSE	IT	MARY	TO SELL MODE		row	EK
	3	VAS DECEASED EVER IN U.S. ARMETERS (IF YES, GIVE WA	ABOR DATES)	7575	MARGARET	Moss Dows	st+	#13	3
ij	1	8 CAUSE OF DEATH (Enter only o	one cause per line far (a), (b), o	and (c+.)	11 00 0	1		APPROXIMA BETWEEN ON	TE INTERVAL
ì		PART I. DEATH WAS CAUSED B'		oat (	cell CA of	lung		0	105.
		THE PERSON	DUE TO, OR AS A CONSEO	UENCE OF	- 11	0-0			28.17.2
74		Canditians, if any, which	(b)		Clgavette	we			
П	000	gave rise to immediate coune is, stating the	DUE TO, OR AS A CONSEO	UENCE OF	9				-
ч		underlying cause last	(c)						
	-	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	OITION GIVEN II	N PART IIO	
	CERTIFICATION			$\alpha$	OPD				
1	CAI	190 DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE		
	TIE					YES NO NO	YES [		NO [
5	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	WE.D	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1	OR PART 2)	
7		OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH-	DAY YEAR					
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	17	211 LOCATION				
	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	E, FARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE
-		22a.l certify that (I) (this haspital)	attanded the decored from	AUAU	+ 9 10 82	. December	5	36	
		sow the deceased alive an	R(614661 5 19	01	d that in (my) (aur) opinion	death accurred on the do	ite and haur and		ot (1) (we) last uses stated
		22b. SIGNATURE	ew the body ofter death.		PEGREE			22c. DATE SIG	
1	$\left\{ -\right\}$	Streat & Les	louid wo			MEDICAL STAF	F	12/6/	86
1		22d PHYSICIAN'S NAME (TYPE OR PRI			22e. ADDRESS	T DIRECTOR LI PHISIC	IAN L		
		Straut E. Se	elouidly wil	0.	51 Fraulliv	1 St. Auu	apolis, U	1d. 2	1014
	23p. B	URIAL, CREMATION, REMOVAL 2	. 1- /-/	NAME OF CE	METERY OR CREMATORY	226 OCATION CITY OF YOWN	7	D	1
		EMATION !	12/7/86 6	EDAR	Hibl	D'41thAW.	D 1.1	2.	110.
	24_EL	INERAL DIRECTOR	1 1 1		25a. DAT	TE REC'D. BY REGISTRAR	PA REGISTRAR	5. SIGNATUR	E\$

DHMH - 16 60M 7/B4 (VRA 15, 4)

etoined by the haspital or

BP.

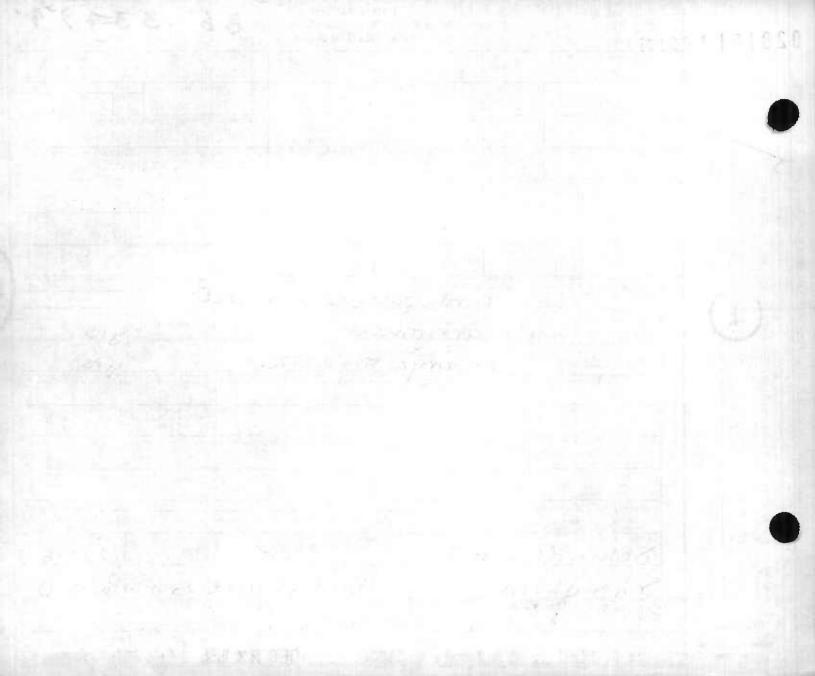
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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

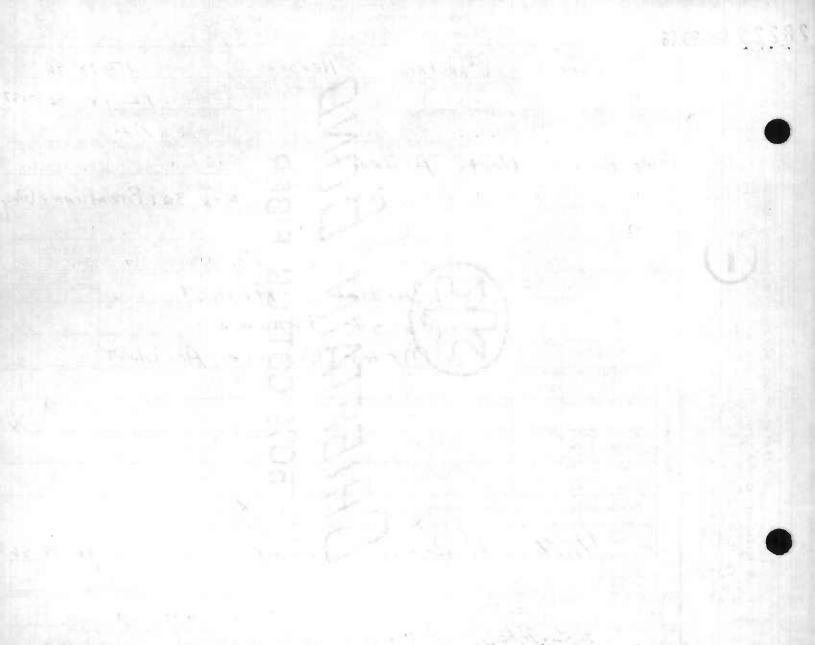
- STATE MONTH 25 HOUR December 22, 1986 10 A M 6 AGE (IN YEARS LAST BIRTHDAY) **BALTIMORE CITY OR COUNTY OF DEATH** Anne Arundel 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR Press Operator INDUSTRY Retired 130 STREET ADDRESS / ZIP CODE 1403 Illinois Ave. 21144 u/k ADDRESS ATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 COUNTY STATE and that in (my) (our) opinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED DIRECTOR PHYSICIAN 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY Burial STATE 24 Dec. 86 Meadowridge Mem. Elkridge Pk. Howard 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 James S. Kirkley, Glen Burnie MD 21061 (VRA 15, 4)



20000	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE B 6	3 3 4 9 5
O Z O U S U DEC	3 SE	CHASED NAME FIRST CHARLES	S Erick	S. DATE OF BIRTH	20. DATE OF DEATH  Dec.  6. AGE (IN YEARS LAST BIR	MONTH DAY YEAR 25 HOUR  20 1986 M  THDAY) IF UNDER 1 YEAR IF UNDER 23 HRS
oge 4 r	2	Male	White	JAN. 30, 1887	99	MONTHS DATS HOURS MIN.
deoth. Pour 72 ho		Sweden	76. CITIZEN OF WHAT COUNTR	WIDOWED DIVORCED	NNC	PRIOUNTY OF DEATH MD.
by the fi	1	ANNAPOLIS	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION  LET ADDRESS)	120 USUAL OCCUPATION OF OF WORK 10 MOST OF	
AND 212		AL RESIDENCE OF NURSING HOME OR STATE 13b COUD	OTHER INSTITUTION GIVE RESIDENCE BEF	DO 18 YES NO [		OVER St. 21403
MARYL ompletely ond 2 s		ATHER'S NAME FIRST	MODIE LAST	15 MOTHER'S MAIDEN N	da MIDDLE	UNK
BALTIMORE,		VAS DECEASED ÉVER IN U.S. ARI YES, (YOORUNKNOWN) (IF YES, CIVI	MED FÖRCES? 166 SOCIAL SEC 166 SOCIAL SEC 166 SOCIAL SEC 166 SOCIAL SEC 166 SOCIAL SEC 166 SOCIAL SEC	-1534 Myrtles	K. Edberg	# 13
BE B. A. W.		PART I. DEATH WAS CAUSEI	ly one couse per line for (a), (b), (b), (b) BY:  (E CAUSE (a)	. / )_		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death and by the attending please remove car and id, cremation, or arrest or other troumotic even		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSECUTION OF THE CONSECUTION OF AS A CONSECUTION OF THE CONSECUTION OF			
2 9 9 9 7	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CON	DITION GIVEN IN PART 110
TAL RECOR	CERTIFICATION	19a. DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \( \text{NO} \)
SICIAN: ng physicanticological properties or single-from tented hyperitem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	JRRED (ENTER NATURE OF INJUI	EY IN ITEM 18 PART 1 OR PART ?)
DIVISION DING PHY or attendi After this se as the bu oilth and M marked or	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC.)	CITY OR TO	WN COUNTY STATE
TTEN spital TTOR for us of He		sow the deceased alive on above, (1) (we) (did) (did not	tol) oftended the deceased from	, and that in (my) (our) opinio	n death accurred on the do	. 19, that (1) (we) lost and hour and from the causes stated
OR he		22b. SIGNATURE	Ben	DEGREE ATTENDING PHYSICIAN	MEDICAL STAN	222. DATE SIGNED
TO HOSPITAL etained by the TO FUNERAL should be detained by with the State with the State MAPORTANT:	1	Robert R	ICYN	51 Frank	INSt. AN	INADOLIS, MD.
BP	23a	PURIAL, CREMATION, REMOVAL	12/22/86 /	NAME OF CEMETERY OR CREMATORY  ND. VETEVAINS (2. M.E.	1 23d. LOCATION POWN COUNTY	sulle A.A. MD.
DHMH - 16 60M 7/84	24 F	DERAL DIRECTOR	1 Charal 19	unpoled Mi) 250 DA	ATE AEC'D. BY REGISTRAN	25b. REGISTRAR'S SIGNATURE

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	JRS ES E	(,,,	ON TRIISTY	DIANE	Ch	ASTAIN	Elle	NSON	DEATH A	AATED   /	2 181986	M
	ARY, PLEASE DIRECTOR. OUR FILES. 472 HOURS ON STREET,	3. SEX	7-1	4 RACE	5 DATE OF BIRTH	6. AGE (IN YE LAST BIRTHD			4 HRS. 2c. DATE MIN. PRONOUNC	ED MONTH	DAY YEAR	2d. HOUR
	ARY, COURT		male	White			RS.		DEAD	12	18 1986	0157
	A SERVEN	FO	RTHPLACE (ST REIGN COUNTRY)	ATE OR	76 CITIZEN OF WH		ZX	NEVER MARRIE		RE CITY OR COU		
	FUN S S FUN		nsas TY OR TOWN (	DE DEATH	U.S.A	PITAL NURSING HOME	WIDOWED L	DIVORCE	D D Anne	Arundel		MD.
	A SEASON	6	10. D	urnie	(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)	.1.1	HOHON	FOR MOST OF WORKIN	NG (IFE)	Art Stu	RY
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, dy	T NOW THE T	14. F.A	THER'S NAME		MIDDLE	LAST		THER'S MAIDEN	NAME		LAST	
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BALTIMOR	A SE SE T	16a V	VAS DECEASED	EVER IN U.S. ARA	AED FORCES? WAR OR DATES}	166. SOCIAL SECURIT		ORMANT (SC		ADDRESS 3085	5 Gertrud	le
MALT	SAGE SAGE	N	0	N/A		544-40-550	)6 Mr.	Robert	C. Ellen	son River	cside,CA9	2506
	0.034		18 CAUSE OF	F DEATH (Enter and ATH WAS CAUSED	y one cause per line	for (o), (b), and (c).)	1				APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
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RECORDS,	EXE NG TANK WATH		PART 2 OTHER SIG	INIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	1 (0)			
00	#Sesem —	OF N										
	DOG BERN	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDIT	ION FOR WHICH OPER	ATION WAS PERF	ORMED?			20 AUTOPSY	
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NON	SALE SALE		UNDERLYING	OR	HOUR A.M.	MONTH DAY YEAR	₹   210 HOW 11430	JK1 OCCURRED	(ENTER NATURE OF INJUR	TIN HEM 18 PART I OK	raki 2)	
DIVISION	A SA	MEDICAL	21d. INJURY O	GCURRED		DF INJURY (AT HOME,	211. LOCATION					-
DIV	WEST WARDEN	WE	WHILE AT WORK	NOT WHILE D	STREET, FACTO	ORY, FARM, ETC.)	STREET	163	CITY OR TOWN	C	COUNTY	STATE
	NA SAME		220 I certif	y that I taak charg	e af the remains desc	ribed obave, held an	Autapsy .	Inspection	Inquiry	and in my	opinion	
	A HOLE		deoth resulte	d from: Notur	al causes,	Accident , Su	picide , Ho	omicide .	Undetermined mon	ner .		
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	SHE SHE		SIGNATURE_	Mull	and ,	M. M.	)_M.D. 14	puty	MEDICAL EXAMIN	VER SIGH	NED 12-18	-86
	MEDICAL EXAMINE (ECUTE THE CRTHELO, GGE 4 SHOULD BE FA FUNERAL DIRECTO THE DEATH, WITH THE MITIMORE, MARKAN		EXAMINER'S I	NAME Wil	lliam P.	ones, M.D.	ADDRE	695 Amer	rica Crt.D	avidsony	ile Md 21	035
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a. B	JRIAL, CREMAT	ION.REMOVAL 2	3b DATE				23d LOCATION			
07/84	BP	15	rematio	n	Dec. 19, 1986	Security	Process,	, Inc.	Catonsvi		timore, Mc	are
25M	DHMH - 17		JNERAL DIREC	TORK House	Theke Lords	econd Ave.	S. W.			256 REGISTRAR'S		3
	(VR A15 ME (5))	Si	ngletor	Funeral	Home Gle	n Burnie, M	ld. 21061	DEC	23 1985		Contract	, (



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH MONTH YEAR 2b HOUR KENNEDY 3. SEX 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS F5MALE W4142 1910 Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED ZOKIDA WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR BUCH FACILITY, GIVE STREET ADDRESS) IND DETRY-USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS? 14 FATHER'S NAME **ADDRESS** APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CUST DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO M 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM ETC ) STREET STATE NOT WHILE 220. I certify that (1) (thus hospital) attended the deceased from sow the deceased alive on. and that in (my) (top) opinion death occurred on the date and hour and from the causes stated obove, (1) (wa) (did not) view the bady after death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN peru-el 224 PHYLICIAN'S NAME (TYPE OF PRINT) 22e\_ADDRESS GENAN 16116116011 e Hunell JEN BOWIT 21146 230 BURIAL, CREMATION, REMOVAL 23b. BATE NAME OF CEMETERY OR CREMATORY 250 DATE REC'D DHMH - 16 60M 7/84 (VRA 15, 4)

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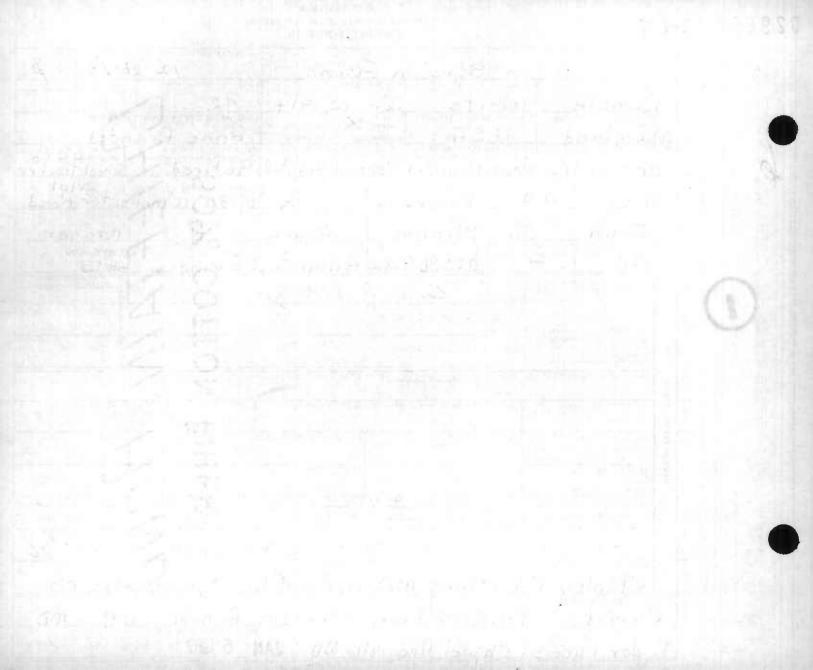
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5 6	O O O O OAII	I. DE	CEASED NAME FIRST	WIDDLE	_	LAST	REG. NO.	DAY YEAR 26 HOUR
	e w <del>t</del>		OD 8011 11	UERITE L.	p- 1	( , , , )		
	nay be page 3 er death	_			EN	GWE12		77111
	E 0 1	3 SE	X	4. RACE	S. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	ge 4		Female	Caycasian	Dece	mber 18, 1897	89 YRS	34.5
	Po House	70 B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.		9 BALTIMORE CITY OR COUNTY	OF DEATH
	n 72		New York	USA	WIDOW	D NEVER MARRIED DIVORCED	Anne Arundel Co	ounty MD.
	7 34	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	IG HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- (	1/1/1	0	rofton	1640 Dryden W	ADDRESS)		(TYPE OF WORK FOR MOST OF WORKING LI	
8 1				R OTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSIONI		Manager .	Dept. Store
0		130.	STATE 13b COU	NTY 13c. CITY OR TOV	/N	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	E
Z	2 = 3	-		Arundel Crofto	1	YES 📉 NO 🗌	1640 Dryden Way	21114
₹	专家美人	14. F/	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE	LAST
¥	o FOO		Wesley	Fredenbur	gh	Julia	WIDDLE	Pulver
	S los		VAS DECEASED EVER IN U.S. AI		2	17 INFORMANT	ADDRESS	
Q	exe ond	- 1		IVE WAR OR DATES)	22.05	Danielles T 1	1040 DI	ryden Way
É	e c . E		NO -	106-10-	5T02	Dorothy L. M	McDowell Crofton	
89 8	1000		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI	nly ane cause per line far (a), (b), ar	id (c).)	. ^ .	0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND	The The	CERTIFICATION						
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=	HYSICIAN: TI ding physici is certificate burial-transi Mental Hygi Ar Item A8 sh	1 8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
4	phys phys of the physical physica		OR CONTRIBUTING CAUSE OF DE	5111	AY YEAR			
ž	PHYSICIAN: ending physicials this certificate burial-trond Mental Hydrond dor Item 38	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
SI	IG PHYSICIAN: Tottending physics ter this certificate is the buriol-transitional And Mental Hygicked or Item 18 sh	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE.	ARM ETC ]	STREET	CITY OR TOWN	COUNTY STATE
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	OR A bose ched ched bept f ftem	170	226 SIGNATURE	. 0		DEGREE		22c DATE SIGNED
			CIA	1 Colexy		ATTENDING Y	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/86
	SPITAL d by th NERAL be dete e Stote	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	DIRECTOR _ PHYSICIAN [_]	1190000
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			BURIAL, CREMATION, REMOVAL		NAME OF	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	I OUNTY STATE
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	DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	16000 A			E REC'D. BY REGISTRAR 256 REGIST	
	(VRA 15, 4)	Be	all Funeral Hor	ne Bowie. N		715-3043 JA	N 7 1987 Julia	Devidion Randalas
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27	157	DEC I		FOR STATE REGISTRAR		DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH		REG. NO.	3	3	EST
	by be			OR PRINT)  MARGA	VRET V	WIDDLE	EVANS	AST 1	20. DATE OF	EMBER	10,	^`1986	ซีซีโซ๊ AM
	ge 4 may ector, po		3. SE	Female	4 RACE Whi	te	S. DATE C		6 AGE LINY		YRS	ONTHS DAYS	IF UNDER 24 HRS
0	leath. Po	35		RTHPLACE (STATE OR FOREIGN COUNTRY)  Naryland	16 CITIZEN OF	A.	MARRIE			THE YAR	GRUEL	OF COUNT	Y MD.
5 to	s ofter o by the fu	1 Portier	10 C	GLEN BURNTE	NORTH	TARUNU	SING HOME	TALE INSTITUTION	120 USUAL O	FOR MOST OF V	VORKING LIFE	126 KIND C	t. Store
BALTIMORE, MARYLAND 2120	filled in	25	13a. å	AL RESIDENCE (IE NURSING IOME TATE 136; COL	? 13. STREET ADDRESS, / ZIP CODE. 328 S. Oldham Street 21224								
MARYL	withir pletely	200	M. FA	George	MIDDLE	Witt		15. MOTHER'S MAIDEN	NAME	WIDDLE	Fn	ankenb	erry
IMORE.		medicol		VAS DECEASED EVER IN U.S. A VES, NOOR UNKNOWN) I IF YES, C	RMED FORCES? GIVE WAR OR DATES)	218-16		Wm.H. Evans	1905 An	address		Pasadei	na 21122
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	requires that the dear retrieven signed by the atternance Then please remove	or to burial, cremation, graymr rinjury, or ather traumatic ex	rion	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, O		QUENCE OF	- 1					
AL RECO	The law ian. thas be	shaws any	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORMED		NO.	IN CERTIFY YES	WERE FINDI	NGS USED S OF DEATH? NO []
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	tained by the has	with the State Dept.		THE SECURITY OF WILLIAM	SCHLOTT	Um		ATTENDING PHYSICIAN 220 ADDRESS BALTIM	OF THE DIRECTION	STAFF	FP	22t. DATE	SIGNED
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D	HMH - 16			ineral director harles S. Zeile				25a I	EC 121		REGISTR	AR'S SIGNAL	DRE

TOTAL STREET, C . CZ. CLEAN DUNCTED WHITE ARXIVED RESPECTATE SCA SECTION ----Line . The contract of the seasons. The seasons.

000150		-FGIP	STATE OF MARYLAND
029458 JAN	-B-	STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE S CERTIFICATE OF DEATH
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page 3	3. SE	LONE	MA STrobm - vans 12/26/86 4 PM 4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) I IF UNDER 1 YEAR I IF UNDER 24 HRS
tor.			MONTH DAY YEAR MONTHS DAYS HOURS MIN.
Page direct nours	25 0	RTHPLACE (STATE OR FOREIGN 7)	White Jan 10, 1914 2 YRS
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142	10.0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)  120. USUAL OCCUPATION  (Type of work for most of working life) INDUSTRY
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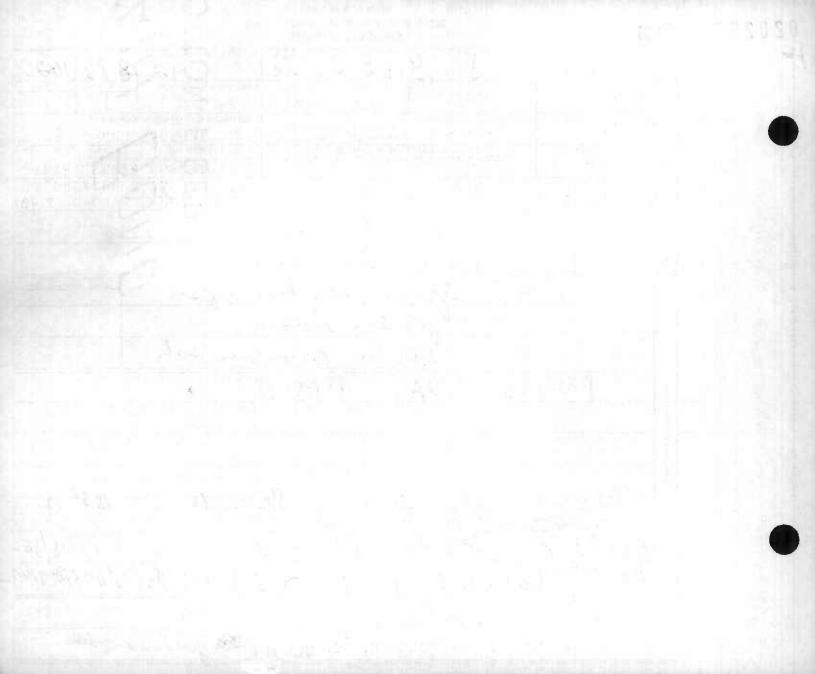
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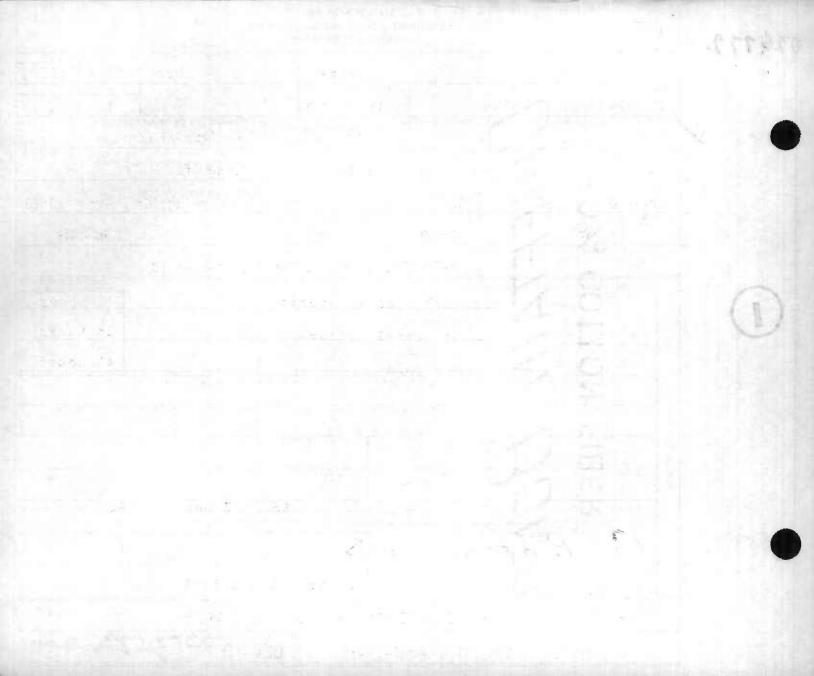
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00000	FOR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 3 5 0 4
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on ond c	160 WAS DECEASED EVER IN U.S. AL (YES, NO OR UNKNOWN) (IF YES, GI	NE WAR OR DATES) 161-26-3703 JAY GIBBONS SAME AS 13E
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(VRA 15, 4)	KOCH FUNERAL	HOME STATE OCOLLEGE, PENNIHU 24 Ste guid Durden - Marie State



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ge 4 mg)		1. SE)	Female	4 RACE Whi	te	S. DATE C	DE BIRTH 108 DAY 08 YEAR 17	6. AGE (IN YEARS LAST BRINDAY)   # UNDER 1 YEAR   # UNDER 24 MONTHS DAYS HOURS YRS				RS.	
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DHMH - 16 50M 4/	83		JNERAL DIRECTOR Balt	o. Md.	ADDRESS	212	250. DAT	E REC'D. BY RIGHERAR	25h PEGISTRAT	S SIGNATI	Randore		
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My. A.A. France on the tribute series of the series of the

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE Q TREGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN 26 HOUR MONTH (TYPE OR PRINT) OF ESTIm. DEATH MATED 86 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. DAY 2d. HOUR 3. SEX IF UNDER 24 HRS DATE PRONOUNCED DEAD 2 Ja BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S MARYLAND WIDOWED DIVORCED IN CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY DISEL MECHANIC 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CHARLES LUCY CRISMOND 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) GRAY SAME AS 13E 216-74-4555 DAWN MARIE YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (s APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the underlying cause last BUR PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) ED AS A CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ITING THE CHIEF DED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR, PAGE 33 AFTER DATH, WITH THE STATE DE BALTAMORE, MARYDAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection 220 I certify that I took charge of the remains described above, held an Autapsy Inquiry and in my apinian death resulted fram: Natural causes Hamicide \_\_\_ Undetermined manner TITLE (SPECIFY) SIGNATURE EXAMINER'S NAME William America Crt.Davidsonville,Md.21035 Jones, M.D. (TYPE OR PRINT) BURIAL ARUNDEL CO. MARYL'AND ILLCREST ANNAPOLIS 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

STATE OF MARYLAND

28 35 11 1277 6 Fiz I horage from stranger Header ( Com) Mid Art Shewarer Olf December Di HEAD OF KILLS Trauma Amer Lenelle Beerdert 1987 Julia Michigan

HOSPITAL DRIVE SUITE 108 23a. BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY Burial 12/27/86 Mt. Zion Ch. Cem. Md. Magothy 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Chas.A.Rice FSPA 1300 Eufaw Place

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1986

IF UNDER I YEAR

COUNTY

INDUSTRY

12b. KIND OF BUSINESS OR

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COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS

DHMH - 16 60M 7/84 (VRA 15, 4)

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JATFERON JERNIN ARRESTS HOSPITAL

HOLES, HAMOVIM STREET, SOLIE 211 SALILOGRE, SORYMAN 11230

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ofter d the fu	Hied	10. CI	TY OR TOWN OF DEATH	(IF NOT IN SU	JCH FACILITY, GIVE STREET	( ADDRESS)	OR OTHER INSTITUTION		OR MOST OF WORKING LIFE	INDUSTRY	F BUSINESS OR
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the o	er tro		gave rise to immediate cause (a), stating the		OR AS A CONSEOU	IENCE OF					
by the	oth		underlying cause last	(c)_	3K A3 A CO. 10200						
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ding ding is ce burn	¥ /	MEDICAL	21d INJURY OCCURRED	21e. PLACE	E OF INJURY		211 LOCATION				
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OR. US	2		saw the deceased alimabove (1) (live) (did) di			196	nd that in (my) (aur) apinion	death accurred	an the date and have	and Iram the c	auses stated
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STATE OF MARYLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

THE PHYSIC IAM'S NAM! (TYPE OR PRINT)

23a. BURIAL, CREMATION, REMOVAL 23b. DATE 12-20-1986 23c. NAME OF CEMETERY OR CREMATORY

27e ADDRESS

23d. LOCATION CITY OR TOWN

PHYSICIAN DIRECTOR PHYSICIAN

WILLIAM REESE & SONS MORTUARY, P.A.

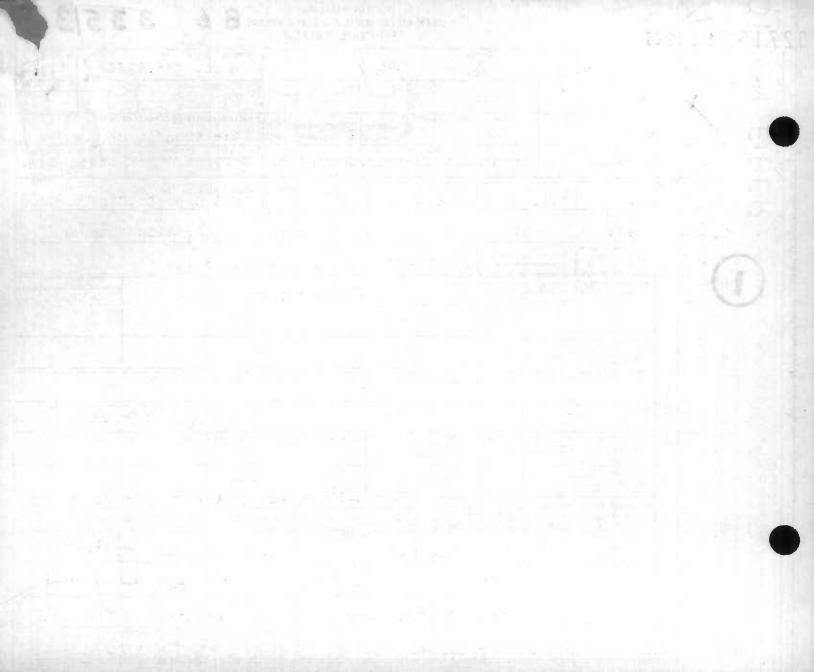
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TO REGISTRAR'S SIGNATURE Dea Derilograph.

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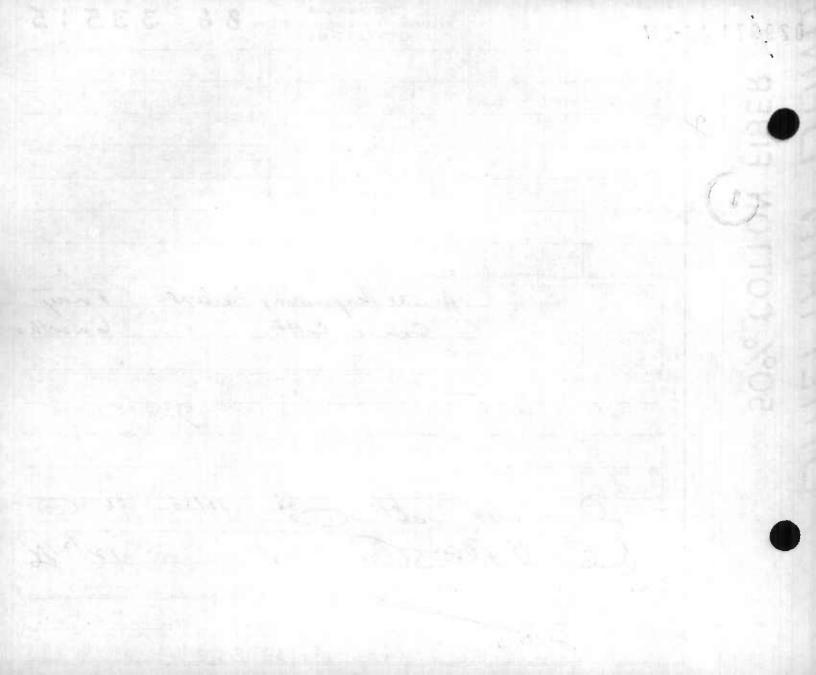
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( F ) 1 /	Ye	YES, NO OR UNKNOWN)	WWI	I WAR OR DATES)	215.14.8	3022	Mrs. F	lorend	e L. H	ardy	Sai	me as	13
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IG PHYSICI, ottending preter this certi, is the buriol-tond Mento read or term	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e PLACE (AT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC )	21f LOCATION STREET			CITY OR TOWN	2	COUNTY	STATE
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by the hor by the hor ERAL DIREG e detoched Stote Dept.		22b. SIGNATURE	Cul	Emal	n	,	PH PH	ENDING PASICIAN	MEDICAL DIRECTOR	STAFF PHYSICIA	N 🗆	12 DATE	18-86
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T = - × > 7.		BURIAL, CREMATION,	REMOVAL	23b. DATE	230 1	NAME OF C	EMETERY OR CR	EMATORY	238 LOCA	TION OR TOWN		COUNTY	STATE
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## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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029371 JA	1-16	FOR STÅTE REGISTRAR			DEF		STATE OF MARY T OF HEALTH AN ERTIFICATE OF	D MENTAL HY	GIENE 8	6 REG. NO.	3 3 5	15
		CEASED NAME	FIRST		MIDDLE		LAST		20 DATE OF	HINOM HTAE	DAY YEAR	26 HOUR
ay be rage 3 death	TITE	E OR PRINT)	Hilda	В	eatric	e	Harmar	n	10.00	December	30, 1986	11:20 <sup>P</sup>
pool pool	3. SE	X	4	RACE		5.	DATE OF BIRTH		6 AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
e 4		Female		Whit	e	D	ecember 3	3. 1905		0.1	MONTHS DAYS	HOURS MIN.
O direction	70. B	IRTHPLACE (STATE OR FO	DREIGN 71	b. CITIZEN OF	WHAT COU	VIRY? 8			9 BALTIMOR	81 YRS		
20 20		COUNTRY				٨	ARRIED   NEVE					
8 5 20		Maryland	TH 1	US.			OME OR OTHER IN	DIVORCED	12a USUAL O	NNE ARUN		MD. F BUSINESS OR
1 1 1 A				(IF NOT IN SU	CH FACILITY, GIVE	E STREET ADDR	ESS)	43111011014		OR MOST OF WORKING		903114E33 OK
3 3 4 4		Glen Burnie			. Broa				Homem	aker	Own Ho	ome
9 3 5 4			136 COUNT		13c CITY OF			CITY LIMITS?	13e.STREET A	DDRESS / ZIP CO	DE	01061
ING PHYSICIAN The low requires that the death certificate be executed within 24 hours rather than earlier than the please remove coloron and certificate has been signed by the attending physician and certificate has been signed by the ottending physician and certificate has been signed by the ottending physician and certificate has been signed by the please remove coloron pages. Pages made than and Mental Hygiene prior to buried, creamform, or removal.		Maryland	AA	Co.	GLen	Burni		NO X		Broadvi	ew Blvd	21061
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		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ge 3 eoth	(ITFC	BERTHA	ELIZABETH	HASLUP	DECEMBER 1	7, 1986 700 PM
may be r, poge	3. SE)	-/-	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ecto	1	FEMALE	WHITE	October 2, 1915	71 yrs.	
h. Po	BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	
dept	_	aryland	USA	WIDOWED DIVORCED	ANNE ARUND	MD.
by the filled will	10 CI	GLEN BURNIE	(IF NOT IN SUCH FACTUTY, GIVE STREE NORTH ARUND	NG HOME OR OTHER INSTITUTION LADDRESS! EL HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI  HOMEMAKET	12b. KIND OF BUSINESS OR INDUSTRY Own Home
d within 24 hou of deep filled in ond 2,6 hourd be world to enable of the second to th	13a. S Ma	TATE 136, COU	ROTHER INSTITUTION GIVE RESIDENCE BEFORM  TY ISC. CITY OR TO  Pasader  MIDDLE IAST  Reuwer	RE ADMISSION) NIN . 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 7IP CODE 3909 Belle of G	
SE, A		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SEC		Husband) ADDRESS	Mueniman
MOF Poge	t,	res, no or unknown) (if yes, gi	NA 217.72.			ame as 13
T. BALT physicio prodems.	7	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), a	nd (c).1	an Jackyczadie	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  30 Min.
PRESTON  The depart or  The depart of	-104	Canditians, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A	ive Heart factory	,	4 years
guires that guires that chert please to barial, o nlavy, or att	NO	PART 2 OTHER SIGNIFICANT	(c) O(d) R	LEOUN OUN TELEFORE THE TERMINE PLANTER OF THE TELEFORE OF THE	TIM MINAL DISEASE OR CONDITION GIVEN COLLECTION GIVEN COL	VEN IN PART 1/a
At RECO	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \text{NO} \)
SECIAN Certifical Certifical	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH E	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART ?}
DIVISIO orthor this or the bit or the bit or the bit	WED	21d INJURY OCCURRED  WMILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)		CITY OR 10WN	COUNTY STATE
ATTEND signal or CTOR, 4 of the use of the use of the use of the use		saw the deceased alive an abave (ii) well (did ) (did no	ital) ottended the deceased from  17/17  19  19 view the body after death.	st, and that in (our) opinian	death occurred on the date and have	19, that (1) we) last or and from the causes stated
TAL OR SAL DIRE detocher tote Dept.		22b. SIGNATURE	have ohm	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12/17/86
O HOSPY O FUNE C FUNE C A His S		MARC OKUN			615 HAMMONDS LANE DRE MD, 21225	
BP	ľ	BURIAL, CREMATION, REMOVAL SPECIFY) Burial		Name of CEMETERY OR CREMATORY aryland Vet. Cemete	Crownsville	A A Co. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR PARE	1 Home Glen Bu		TE REC'D. BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

86 33517 OL STORY OF THE STORY

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020	1 7 1 000	1-	FOR STATE					AND MENTAL I		0 0	25
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			E OR PRINT)	1			11.	1 -	M.D. DATE KNOF E	STI- MONTH	
	ASE OR. URS URS		VO.	hN	Steven		17A	ught,	1112	ATED 17	1100
	# B # 5 # 30	3 SEX	4. RACE	S. DAI	TE OF BIRTH	YEAR LAST BIRTH			MIN PRONOUNCE	D	20. NOOF
	LA STATE	1	M CAU	4	25	/_ ( ( ( ( ( ( ( ( ( (	YRS.		DEAD	12	5 1986 2034
	SAN ENT		RTHPLACE (STATE OR REIGN COUNTRY)		TIZEN OF WH	AT COUNTRY?	8 MARRI	ED NEVER MARK	NED BALTIMO	RECITY OR COUNT	TY OF DEATH
	第35300		st Virginia		S.A.		WIDOW		1	rundel 🗸	ME
	京五年 3	10 CI	TY OR TOWN OF DEATH	11. NA	AME OF HOSP NOT IN SUCH FAC	ITAL, NURSING HOA		ER INSTITUTION	12a USUAL OCCUPA' FOR MOST OF WORKIN	G LIFE)	OR INDUSTRY
	200	1	TUNAPOLIS		TUNE	Hrund	le/	GEN	Self Empl	oyed	Physician
- 6	7 08580 4	13a S	L RESIDENCE (IF IN NURSING	HOME OR OTHER	INSTITUTION, GIVE	E RESIDENCE BEFORE ADMIS		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	0.	20778 .
21201	\$ \$ BOR		Md.	J+ 17	,	West 1	Liver	YES NO 🔀	4920	W. Cha	IR POINT
WD	T S S	14. FA	THER'S NAME	MIDDLE	E	LAST		15. MOTHER'S MAID	EN NAME MIDO	LE	LAST
wi ex	EA THE		0.	Lloyd		Haught		Myrta			Stevenson
WO	N S S P P		VAS DECEASED EVER IN U.	S. ARMED FO		166 SOCIAL SECUR	ITY NO.	17. INFORMANT		ADDRESS	
BALTIMORE, MD.	S AFTER GIVE PA GIVE PA TITH FOR PAGES IVISION	Ye		W 2		236-20-5	486	Mrs. Eli	zabeth B. H	aught, Sa	ame as Line 1
- 2	NO NO		18 CAUSE OF DEATH (En	ter only one c	ouse per line f	or (o), (b), and (c)	1 ,	\	Λ		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 2	EN BRANCH	36	PART I DEATH WAS C	AUSED BY: (EDIATE CAU)	SE (o)		And	100	trres		
STO	SEGRED N		dila base	(	DUE TO, OR	AS A CONSEQUENC		0 1 0			
984	日本の大学の		Conditions, if ony, gove rise to imme		(b) 5	evere	/	A.S.C.	U.D.		
*	3 5 E 8		couse (a) stating the ulying couse lost.		DUE TO, OR A	AS A CONSEQUENCE	E OF				
8	SAMANO SA		lying coose lost.		(c)						
SQ	ANERGER		PART 2 OTHER SIGNIFICANT CONC	ITIONS CONTRIBU	ITING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEASE	OR CONDITION GIVEN IN PA	ART 1 (e),		
RECORDS	WEDI WEDI AN THE CREE	O Z									
1 8	HOULD E HE WEN WEN USED AV	CERTIFICATION	190. DATE OF OPERATION	1	196 CONDITI	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY?
1	SSE SE	E									YES NO X
DIVISION OF VITAL	CERTIFICATE SH ITING THE WOR DED TO THE CE E 3 SHOULD BE US DEPARTMENT OF PRIOR TO BUILD	E	210 EXTERNAL CAUSE W	AS	21b. TIME OF	MONTH DAY YE	21c HC	W INJURY OCCURRI	ED LENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PA	ART 2)
Z	SHOOK &	3	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH	P.M.	19	***				
VISI	CERT DED DED 3 SF DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE			FINJURY (AT HOME, DRY, FARM, ETC.)		TREET	CITY OR TOWN	co	DUNTY STATE
õ	SEASOES	2	AT WORK AT WORK	.E		,			CIT 0X 10 111		31415
	STOR		22e. I certify that I took	charge of the	remains desc	ribed above held on	Autops	y . Inspection	on . Inquiry	, ond in my of	OLDIOD
	EXAMINER: CERTIFICATE ULD BE FOR  DIRECTOR: I, WITH THE S MARYLAND,		death resulted from:	Notural cous			Suicide	Homicide .	Undetermined mann		pinion
	EXAMI CERTIFICATION BE DIRECTOR WITH	33	1.					TITLE (SPECIFY)			
	A COUNTY OF THE		ACTUAL SIGNATURE	Me	- (1)	menta.	0 "	Deput	MEDICAL EXAMIN	DATE SIGNE	ED 12-6-86
	SEA SEA		,		0	1			Ta	31014	
	A SOME TO SERVICE SERV		(TYPE OR PRINT)	llian	Pic	JONES,	no.	ADDRESS 69	5 /tmeria	A CTI	21035
	TO MEDICAL E EXECUTE THE CI PAGE 4 SHOUI TO FUNERAL D AFFER DEATH, V BALLIMORE, M	23e.B	URIAL, CREMATION, REMO	VAL 23b. DAT	ré .	23c. NAME OF C	EMETERY O	RCREMATORY	23d. LOCATION CITY OR TOWN	COUL	UNTY STATE
	BP		rial	12-0	09-86	Ft. Lin	coln C	emetery	Brentwood		Maryland
	DHMH - 17	řĸ	ANCIS GASCH'S	SONS	FUNERA			25e. DATE	REC'D. BY REGISTRAR		
	(VR A15 ME (5))		39 Baltimore					DEC	23 1986	Aulia Divide	in Pridale
	20M 4/B2									G -	

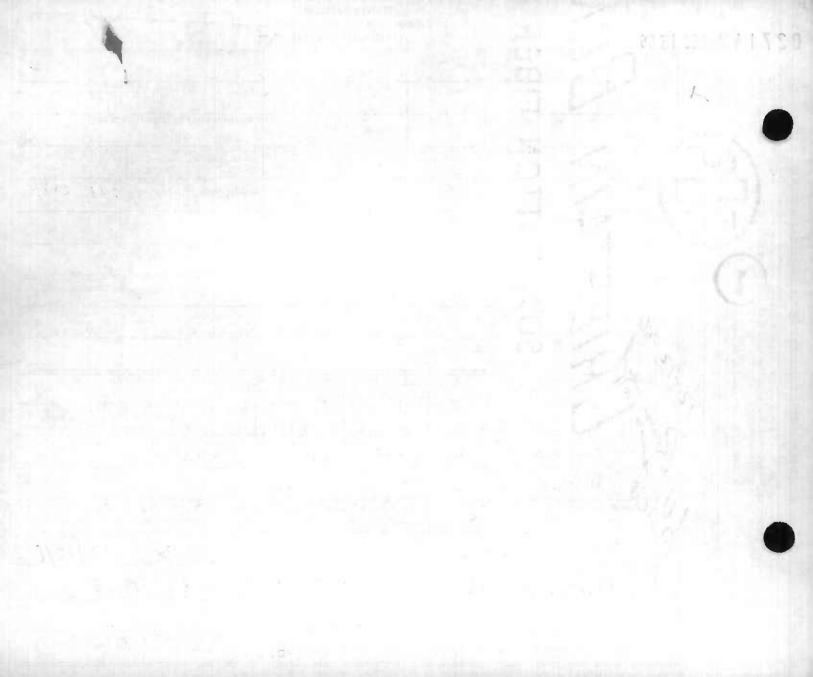
0.2517 THE RESIDENCE OF THE PROPERTY Parameter Street Francis Commence of the Comme Med 19 1 110 - 110 - 19 10 20 20 CANE P. NO. LANGE ASCHOLLER THE STATE OF THE PROPERTY OF THE PARTY OF TH Les Terreron Strangers Strangers AND STREET SOUTH STREET

## STATE OF MARYLAND

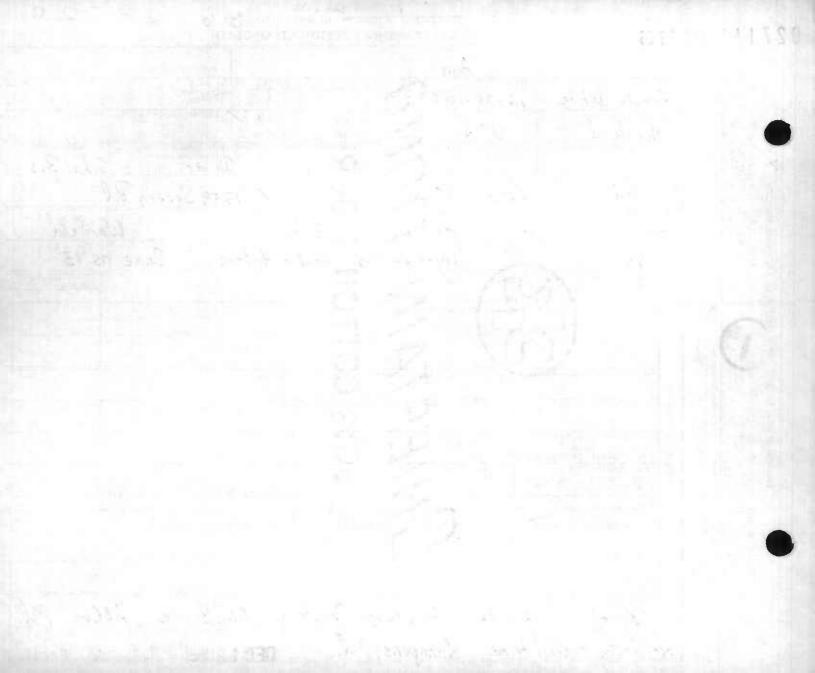
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR ATE ESTRAR	DE		EALTH AND MENTAL HYG	IENE DO	) Q		
I DECEASED NAME FIRST	WIDGLE	i	AST	20 DATE OF DEATH	MONTH DAY	YEAR 2b F	HOUR
	JISE	H.	AWKINS	DEC. 10	,1986		N
3 SEX	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR	MONTH		NDER 24 HRS
female	white		arch 16,1902	84	YRS.	DATS ROO	M114.
BIRTHPLACE (STATE OR FOREIGN COUNTRY) Penn.	76 CITIZEN OF WHAT COL	MARRIEI WIDOWE	D NEVER MARRIED D	BALTIMORE CITY O			MD
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME C		120 USUAL OCCUPATI	ON 121	b. KIND OF BUS	
Annapolis	Ann. nu	rsing &	Conv. Cente	(TYPE OF WORK FOR MOST OF Salesci		.C.Mui	rphy
USUAL RESIDENCE LIF NURSING HOME OF 130. STATE 13b. COUL		CE BEFORE ADMISSION) OR TOWN mbrills	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS /	ZIP CODE W Hill	lane	54
Edgar	Peri	ry	Florence	MIDDLE	Со	legrov	ve
160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) (IF YES GI	VE WAR OR GATES)	20-0191	Carlyle Ha		Silve		1054
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	D BY.	ob, and ic.	ra Failure			APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
anditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A COM	NSEQUENCE OF	0	Failure		anUns	w
DATE OF OPERATION  ACCIDENT WAS UNDERLYING CONTRIBUTION OUSE NO BE	Fracture 196. CONDITION FOR  Thysty	Right	K Frue & H:	200 AUTOPSY?  YES NO	206 IF YES, WEF IN CERTIFYING YE <del>5                                      </del>	RE FINDINGS L CAUSES OF D	USED DEATH?
FEITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROP	21e PLACE OF INJURY		2H LOCATION STREET	A CITY OR TO	wn C	OUNIY	STATE
certify that (1) (1) this hasp saw the deceased alive ar abave, (1) (we) (did) (did no	at view the bady after death	P19 86 an	d that in (my) (aur) apinian		ate and hour and	\$6 that if	(I) (we) last
22b. SIGNATURE  WM G	deels		DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F	12/12	2/86
DABBS	, WiA.		103 S	IDDING	SA	JE.	
230 BURIAL, CREMATION, REMOVAL (SPECIFY)  BURIAL	12/15/86	231 NAME OF C					STATE
24 FUNERAL DIRECTOR HARDESTY FUNER		TDGELY	AVE. ANN MBE	C 1 2 1986	256. PEGISTRAPES	SIGNATURE	dass

DHMH - 16 60M 7/B4 (VRA 15, 4)



		1	FOR				AARYLAND I AND MENTAL H	IVGI CA	3	3 5	20
027	148 DEC		STATE REGISTRAR	M	EDICAL EXAM		ERTIFICATE	OF DEATH	REG. NO.		
	1 1 0 000	I. DE	CEASED NAME FIRS	.1	MIDDLE		LAST	20 DATE	KNOWN [X]	MONTH DAY	YEAR 26. HOUR
	OR. DRS.		Der	ni.se	Ann		itman	OF DEATH	MATED	12/ 7/	19 86 M
	PECTON FILE	3. SEX	emale White	S. DATE OF BIRTI	YEAR LAST BE	RTHDAY) MONT	DER I YR. IF UNDER	MIN PRONOU!	NCED	MONTH DAY	YEAR 24 HOUR 1.0:01
	STON 7	70 B	RTHPLACE (STATE OF	12-28	-1958 27	YRS.		DEAD	ORE CITY OR	12/ 7/	1986 P M
	DAY IS NECESSARY, PLEASE OTHE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES. FEILED, WITHIN 72 HOURS S. 201 W. PRESTON STREET,		Mary land	US	A	WIDOW	ED NEVER MARR	IED 🖪	e Arund		
11	HE SEED IN	10. C	TY OR TOWN OF DEATH		OSPITAL, NURSING HE		ER INSTITUTION	120 USUAL OCCU	PATION (TYPE O		ND OF BUSINESS R INDUSTRY
B	DELAY IS 3 TO THE FU IN PAGE 5 DE FILED, RDS, 201 W		Slen Burnie	North	Arundel Ho	spital		Drive		Sch	col Bus
21201	1. IF ANY DELA 1.3. RETAIN PA 2. SHOULD BE 1. ALL RECORDS, TALL RECORDS,	13a. S	TATE Md. 13b. CO		13c. STY OR TOW	/N	13d. INSIDE CITY LIMITS? YES NO Z	13. STREET ADDR.	Severn	Rd.	21144
WD.	ESTH. F		THER'S NAME	WIDIPLE	11 LAST		15 MOTHER'S MAIDE	EN NAME	AIDDLE	1.	Ast 1 1
ORE,	PAGES 1, ORW PW SS 1 AND ON OF WILL		arl	//.	Heitman	INITYLIA	Ellen 17. INFORMANT		455556	Wart	ield
BALTIMORE, MD.	E 6 . 8 8	100. V	VAS DECEASED EVER IN U.S. ES, NO, OR UNKNOWN) (IF YES.	GIVE WAR OR DATES)	314-52-	9714	Earl H.H	le:tman	San	ne as	13
	WITH WITH		18 CAUSE OF DEATH (Ente	er only one couse per li	ne for (a), (b), and (c).	)				I A	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
IS NO	24 HOUR ITEM 18. LONG W PERMIT. SIENE, D		PART I DEATH WAS CA	USED BY: DIATE CAUSE (0)	Gu	inshot	Wound of H	ead		DET	ALEIN ONSET AND DEATH
ESTO	NA N		Conditions, if ony, w		OR AS A CONSEQUEN	ICE OF					
, P.	NITH NICH NICH NICH NICH NICH NICH NICH NIC		gave rise to immed	liote (b)	AD AS A CONSTOURN	CC 05					
201 W. PRESTON ST.,	ULD BE EXECUTED WITH N 24 PENDING INFERNAL NITES F MEDICAL EXAMINET ALON ED AS A BURN. TRANSIT PER HEALTH AND MENTAL HYGIRE IL, CREMATION, OR REMOVAL		lying cause lost.	DOE TO, C	R AS A CONSEQUEN	ICE OF					
	EXECUTION OF THE PROPERTY AND WATIO		PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE	TERMINAL DISEASE	OR CONDITION GIVEN IN PA	IR1 1 (a).		1	
0	MEDIC MEDIC MEDIC AS A EALTH CREW	NO									
DIVISION OF VITAL RECORDS,		MEDICAL CERTIFICATION	190. DATE OF OPERATION	196 COND	OITION FOR WHICH C	PERATION W	AS PERFORMED?			20 /	AUTOPSY?
VII.	N OR OF	RIF	210 EXTERNAL CAUSE WAS	S 21h TIME	OF INJURY	21. 44	OW INJURY OCCURRE				YES NO [
ON	TS HE VIEW THE VIEW T	AL CE	UNDERLYING OR CONTRIBUTING CAUSE	HOUR A.	M. MONTH DAY	/EAR				RT 1 OR PART 2}	
OISI	CERTIFICA TING THE SED TO TH 3 SHOULD DEPARTM I PRIORTO	EDIC	21d INJURY OCCURRED	21e PLACE	OF INJURY (ATHOM	E. 21f LO	CATION	cted woun			
No	WRIT WRIT ARDE AGE 3 ATE D	Z	WHILE AT WORK	street. h	CTORY, FARM, ETC.)	135	rreet 9 Severn Ro	d. Glen		Anne A	Arundel, Md.
	VER: THI CATE, W FORWA OR: PAG THE STA' (ND, 21)		22a. I certify that I took c	harge of the remains d	escribed above, held a		[V]			in my apinian	zz drido z y i id
	MINE FERCE F		death resulted fram:	lorero comes .	Abcident .	Suicide X	Hamicide .	Undetermined m		, , , ,	
	EXA CERT DILD DIRE WAR		ACTUAL	X			TITLE (SPECIFY)				
	SHAN SHAN		SIGNATURE	1/1		M	D. Assistan	t_MEDICAL EXAM	AINER	SIGNED	1.2/8/86
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALTMORE, MARYLAND, 2		EXAMINER'S NAME (TYPE OR PRINT)	Gregory R.	Kauffman,	M.D.	ADDRESS	111 Penn	St.		
	DAY SOF A _	23a. B	JRIAL, CREMATION, REMOV		23c. NAME OF		RCREMATORY	23d LOCATION		CAUNTY	STAP 4 A
07/84 25M	BP		Burial	12/10/86	Glen t	Yaren (	emetery	Glen Bu	rnie	AACO	Md.
4-27-01	DHMH - 17	1	INIERAL PIRECTOR	1 1/ ADDRE	55	L. MI	230. UATE I	REC'D. BY REGISTRA		RAR'S SIGNAT	URE
	(VR A15 ME (5))	D	araces 14 7 nne	Yai NUME	zynnapol	13,110	· · · · · · · · · · · · · · · · · · ·	12.198	6 1.3	- Tirely	Deles



1001					STATE OF MARYLAND	4
/ 4	377	IAN -	t A	7 FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔾 🔾	
, 20	3 6 1	Unit	P.P.	REGISTRAR	CERTIFICATE OF DEATH	
					REG. NO.	
			I. DE	CEASED NAME FIRST	MIODLE LAST 20. DATE OF DEATH MONTH DAY	YEAR 26. HOUR
	e pe	de o	(1111	Batt.	in the Hall donal Dr. 20	,1986 313 AM
	d you	0 0		DETT	Jane Hollidayoke Decian	, 1486012 12W
	Ĕ °	- <del>-</del>	3 SE	×	BACE S. DATE OF BIRTH ON YEAR 6 AGE (IN YEARS LAST BIRTHDAY) IF U	THE DAYS HOURS MIN.
	4 0	ō	1	10000	11 1032 52	MIN.
	00	1.120	1	EMELLE		
	* *	2/10	70 B	IRTHPLACE (STATE OR FOREIGN 7	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF	DEATH
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	8 5	1 / 6/	100	USTING ION 13C		nae MD.
1	3 - 3	ハハ	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
= 10	8	W A	10	nnomlie	2131 ()	
8	5 4	200	100	AL DESIDENTAL MENTINE HOLE OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)	Home
64	2 4	9/	13a.	STATE 136 COUNT		
Z	2 4	15	10	00 104	A. Annapolis VES   NOX 3181 Raven Co	urt 21403
3	2 3	4	14 F	ATHER'S NAME	15. MOTHER'S MAIDEN NAME	100
8	1 1	るとカク			MIDDLE LAST FIRST MIDDLE	LAST
3	2 8		1	ralph 1	Dan Flam   Lillian Delle	LAUIP.
w	90	- 6	16a \	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	Same as
Ö	exe	e d	(	YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)	Same -
Ξ	0 0	G E		140 -	579.48.3600 Dennis Mollidayoke-	41(3)
ALT	a di	hers.		18 CALISE OF DEATH (Enter only	his one source per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
80	00	T C		PART I. DEATH WAS CAUSED	ly one couse per line for (a), (b), and rcs,1	BETWEEN ONSET AND DEATH
ST.	E 2	18 L		IMMEDIATE	ECAUSE (O) METRO TATA 1-DSNO CARCINOMA	
Z	00	A. a			DUE TO, OR AS A CONSEQUENCE OF	
5	to H	& BAUR	1	6 - 12: 11	DOE TO, OK AS A CONSEQUENCE OF	
M.	20	- 第二分数スリル				
~	-	# 5 W		Conditions, if ony, which	(b)	
2	the f	N		gove rise to immediate couse (a), stating the		
W. PR	of the o	N		gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	
201 W. PR	s that the	or other re		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
S, 201 W. PR	ures that the c	build build Jry, or other 15	7	gove rise to immediate couse (a), stating the underlying couse lost.		IN PART 110
RDS, 201 W. PR	equires that the a	Then pleaser to burial injury, or other in	NOI	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	IN PART 1:0
CORDS, 201 W. PR	w requires that the	or to	ATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPSY?  20b. IF YES, W	ERE FINDINGS USED
RECORDS, 201 W. PR	low requires that the co.	prior to	FICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. IF YES, WIN CERTIFYIN	VERE FINDINGS USED IG CAUSES OF DEATH?
	The low requires that the cition.	t permit The	RTIFICATION	gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a AUTOPSY? IN CERTIFYIN  YES  NOT	VERE FINDINGS USED IG CAUSES OF DEATH? NO
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	CIAN. The fow requires that the physicion.	t permit The		gove rise to immediate couse (o), stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT CO  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20b. AUTOPSY? IN CERTIFYIN  YES  VES  VIN CERTIFYIN  YES  VIN CERTI	VERE FINDINGS USED IG CAUSES OF DEATH? NO
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DIVISION OF VITAL RECORDS,

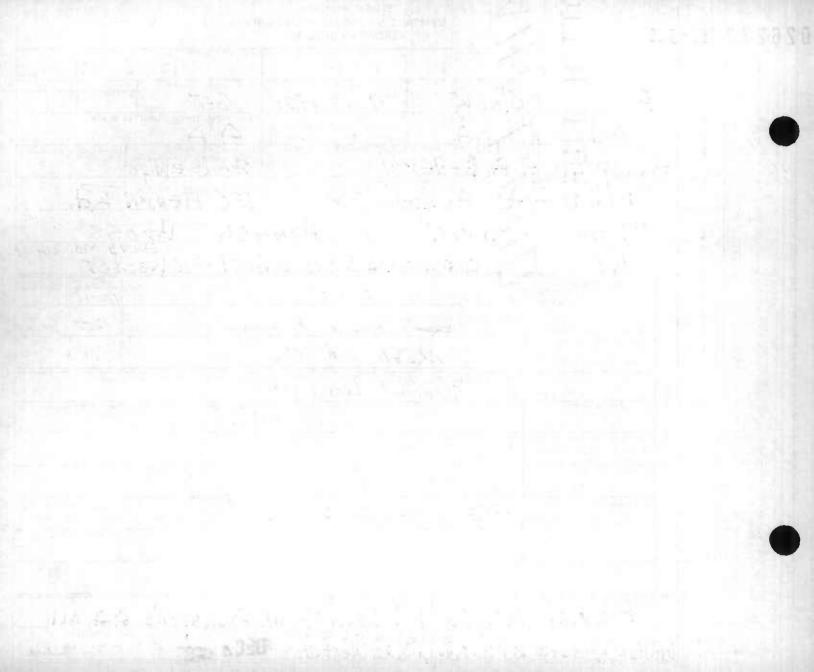




ALLE STEEL S

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 3 3 5 2 3
027003 DEC	MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO.
/	DECEASED NAME FIRST MIDDLE LAST TO, DATE KNOWN MONTH DAY YEAR 126 HO
No. of	(TYPE OR PRINT) RALPI- Bonner HUDWELL In DEATH MATED 12 10 19 86 9
PER	SEX 4 RACE S DATE OF BIRTH & AGE (IN YEARS   IF UNDER 1 YR.   IF UNDER 24 HRS.   24. DATE MONTH DAY YEAR   24 HC
7557 7557 7557	June 15, 1926 / O YRS. HOURS MIN PRONOUNCED 12 10 19869
ALAN SAN	76 BIRTHPLACE (STATE OR 76, CITIZEN OF WHAT COUNTRY? 8
STATE OF THE STATE	North Carolina U.S.A. WIDOWED DIVORCED X ANNE ARUNDEL
ZEWEN Z	CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (1776 OF WORK 12b, KIND OF BUSINESS
3 35 25 4	GLEN BUNNIE NORTH ANUNGE HUSPITM FOR MOST OF WORKING LIFE) OR INDUSTRY TRUCK PAIVE TRUCK PAIVE
ANN'D ANN'D ANN'D RETAIN COULD	USUAL RESIDENCE (# IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. STATE 137. COUNTY 136. CITY OR TOWN 136. STREET ADDRESS 137. COUNTY 136. STREET ADDRESS 137. COUNTY 137. COUNTY 138. STREET ADDRESS 139. STREET ADDRESS 149. COUNTY 149. COUNTY 159. COUNTY 159. COUNTY 159. COUNTY 159. COUNTY 159. COUNTY 169. COUNTY 169
8 - N. C. S. S. J. B.	TATHER'S NAME  IS. MOTHER'S MAIDEN NAME  FIRST MIDDLE LAST  FIRST MIDDLE LAST
SE S	Ralph Bonner Hudnell, Sr. Mary Bennett
N S O S S	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT Aurora, ADDN SC. 27806
ALT PASS AS	Yes WW II 241-32-8478 Mary Hudnell, Rte 2 Box 43
W W W W W W W W W W W W W W W W W W W	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  APPROXIMATE INTERVA  BET WEEN ONSET AND DE
A STANKE A	PARTIDEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CONONANY INSUFFICIENCY
N ZZ ZZ	DUE TO, OR AS A CONSEQUENCE OF
是古野爱力度	Conditions, if any, which gove rise to immediate (b) ATHGROSCLGNOTIC CARNIOVASLUUM DISCUSSE
201 W UTED IN PL EXA IML -	cause (a) stating the <u>under-</u> lying cause last.  DUE TO, OR AS A CONSEQUENCE OF
2" 5= m 200	(c)
RECORDS, 201  D. BE EXECUTE PENDING" IN MEDICAL EXA MEDICAL MAND M. CREMATION,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
<u> </u>	TOBACO ABUSE  196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?  216. EXTERNAL CAUSE WAS 216. TIME OF INJURY AM MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
TALR HOULD USED OF HE	The condition of the first was tendenced.
× 200 8 20 -	YES NO [ 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ION OF THE WARTMEN	
DIVISION S CERTIFIC RITING TH RES DE TO E DEPARTI	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 19  It in jury occurred 21e Place of Injury (at home, 21l Location Street, Factory, Farm, etc.) Street City or town County Sta
DIVISION E: THIS CERTIFIC TE, WRITING TH RWARDED TO E: PAGE 3 SHOU S: STATE DEPARTOR ), 21201 PRIOR	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STA
A ATE, 1	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion
EXAMINER: CERTIFICATI DIRECTOR: , WITH THE WARYLAND,	death resulted from: Natural causes . Accident ., Suicide ., Homicide . Undetermined manner .,
EXA CERT JOHRI MARINA MARINA	ACTUAL ACTUAL DATE 12/10/86
*###### -	SIGNATURE ACTUAL SIGNATURE DATE 12/10/86
MEDK FEUR FUNE FUNE FUNE FUNE FUNE FUNE FUNE FUNE	EXAMINER'S NAME CHARLES A. SEAGER ADDRESS 780 RITCHIE HWY SUPK
CUU SARGAR	230 BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d, LOCATION CHUY OR TOWN COUNTY - STATE
4907 pa / BP 7	Burial pec.13,1986 Dublin Grove Church Aurora, Beaufort, N.C.
DHMH - 17	ROBERTECE ALTENBURG FUNERAL HOME, INC. 20 PERECO BY OFFICE ALTENBURG FUNERAL HOME, INC. 250 PERE
(VR A15 ME (5))	6009 Harford Rd., Balto., Md. 21214

	1.	FOR	DEPA		OF MARYLAND ALTH AND MENTAL HYG	IENE 8 6	3 3	524
26779 DEC-		CSTATE OREGISTRAR		CERTIFI	CATE OF DEATH	REG. NO		
		CEASED NAME FIRST	MIDDLE	LA!	51		MONTH DAY	YEAR 2b. HOUR
9 e 9	(TYP	EUELYN		HU	WITER	1	2 2	86 915
moy be page 3	3. SE		RACE .	S. DATE OF		6. AGE (IN YEARS LAST BIRTI		NDER I YEAR IF UNDER 24 HRS
ge 4 ector ars off		F	Block	<b>"27</b> "	13 1921	65	YRS	
oth. Po	7g. B	IRTHPLACE (STATE OR FOREIGN 76.	21, 5, A.	RY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	COUNTY OF	<b>DEATH</b> MD.
offited with	10.0	1	1 () [ ( ) . ( )			120 USUAL OCCUPATION	WORKING LIFE)	26. KIND OF BUSINESS OR NDUSTRY
n by	USU	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	HER INSTITUTION, GIVE RESIDENCE B	EFORE ADMISSION		HOUSE	Wifel	- A
FILLEND 2		STATE Md. 136 CONTY	A. 14/2	Polis	YES NO [	130 HE	ZIP CODE	Kdx140/
MARYLAND  ed within 24  migelely fille  edonine-rate	14. F.	Thomas MID	OLE Kirbby	,1	15 MOTHER'S MAIDEN NA	Vah MIDDLE	G20	55 <sup>AST</sup>
AORE, ond co ond co oges hedical	160	WAS DECEASED EVER IN U.S. ARME YES, NO OR LINK DOWN! (IF YES, GIVE W	D FORCEST THE SOCIAL STAR OR DATES)	6-0422 D	LENA Ell	iott-310	WAS:	8. Md. 21401
the cio		18 CAUSE OF DEATH (Enter only o	ane cause per line far (a), (b	1, and (c).1	2	1001 010	7100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., g ph on p		PART I. DEATH WAS CAUSED B	BY: FAAA		Trest	2.01.4		Innel.
oth cending ending on or remark			DUE TO, OR AS A CONSE	QUENCE OF	raix Mily	26m2=	1446	1800 Extent
W. PRESTON  The deeth company the ottendin  Sse remove corb  Cremation, or  other froumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		und ms	, , , , , , , , , , , , , , , , , , , ,		1848
201 W			( (c)	25 4 40				7 . 7
	Z	PART 2 OTHER SIGNIFICANT COM	ACIM SIL	CONTROL N	GACTIC CA	INAL DISEASE OR COND	ITION GIVEN	IN PART 10
ECOR ow re been prior ony ii	FICATION	190. DATE OF OPERATION	196 CONDITION FOR WE	ICH OPERATION		20a AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
he lo on.	I					YES NO	IN CERTIFYIN	G CAUSES OF DEATH?
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HYSICIA nding pl nis certif buriol-t Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19	211 LOCATION		100	
NG PHY offer this os the but th and M	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC )	STREET	CITY OR TOW	/N	COUNTY STATE
an ADD		220.1 certify that (I) (this hospital)	ottended the deceased from	5/1-			. 19_	, that (It (we) last
F = 2 0 5 A		sow the deceased alive an above, (I) (we) (did) (did not) v		y, onc	I that in (my) (aur) apinion	deoth accurred on the do	te and hour an	
0 = 0 to 4		22b. SIGNATURE		D	EGREE ATTENDING PHYSICIAN [	MEDICAL STAF	F IAN $\square$	274. DATE SIGNED
- 0 H 0 S 2 /		22d. PHYSICIAN'S NAME (TYPE OR PR	RINT		22e ADDRESS	J TARCON CO PARISON		
TO HOSE etained TO FUN should b								
	23a	BURIAL, CREMATION, REMOVAL	236. DATE	130 NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	lie y	DUNTY MA 1 STATE
BP	24 F	UNERAL DIRECTOR	10/6/86	YINEL	VIA 2 LIVER DAT	E REC'D, BY REGISTRAR	Sh REGISTRA	'S SIGNATURE
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(100, 101, 4)	TIV.	THE NEED TOO	N 107 FL(a) V	418100	MEDINA	חאאן די		- FALALACE



		FOR	STATE OF MARYLAND 5 4 3	5 2 5
027734 0	1	REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	
	1. DE	EASED NAME FIRST	MIDDLE 20. DATE OF DEATH MONTH DAY	YEAR 76 HOUR
ge 3 eoth	TAPE	OR PRINT) ARC	chibald Kobert James 12-13-19	1861 R30 6
moy r. poo	3 SE	m 1	RACE . S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF U	NDER I YEAR IF UNDER 24 HRS.
rs of		Male	Caucasion 12-19-1902 83 YRS	NO DATE OF THE PARTY OF THE PAR
2 30 2	7a BI	RTHPLACE (STATE OR FOREIGN	MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF	DEATH /
10 10 10	10.5	LTCh	WIDOWED DIVORCED I HONE APULLY	100 GMD.
1/1/1	0	TY OR TOWN OF DEATH		INDUSTRY DUSINESS OR
10/12	USU	AL RESIDENCE (IF NURSING HOME OR C	DTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	POSTAL JUNI
1 113	134	TATE 136 COUNT	TY NA. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE	Marie Do
	14. FA	THER'S NAME OD	A MOTHER'S MAIDEN NAME	100005 RA
1 1000	K.	FIRST	HODE LIAST FIRST MIDDLE CIZAL	PONGS WITCH
icol de cut			AED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	S+ Ordein
n ono	-	(ES, NO OR UNKNOWN)	WARORDATES) 529502675 HRAbella James Ro	1 2114 le
icote licote licote licote lo popersonal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on g b			CAUSE 10) respondent arrest	
oth ce corb			DUE TO, OR AS A CONSEQUENCE OF	
ne deoth		Conditions, if any, which gove rise to immediate	(b) Metholatic Chrimon	
Se the		couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF Furth line	
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equire equire r sign.	NO			
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SiCIAN, The long physicion. certificate has lial-transit perferral Hygiene pitem 18 shows	RTIF		YES NO YES	] NO [
P VIII		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TS PART I	OR PART 2)
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OR A DIREC Oched Dept.	9	276. SIGNATURE	DEGREE	270 DATE SIGNED
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noy be poge 3		MUBY	K. M.	1	ROAW	12	5/-86		5:15m
	3. SE	X 4	RACE	5. DATE O	F BIRTH		YEAR'S LAST BIRTHDAY)	MONTHS DAYS	
ge 4		+	Black	. 0	119/2		65 YR		MIN.
2 33/16		IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUN	VTRY? 8.	NEVER MARRIED	9 BALTIM	ORE CITY OR COU	NTY OF DEATH	211.10/0
or or or		N.C	USA	WIDOWE		D 16	altimbre	County	MD.
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RE G		WAS DECEASED EVER IN U.S. ARMI		SECURITY NO.	17 INFORMANT	- 1	ADDRESS		
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		22b. SIGNATURE	view the body after death.		DEGREE				ESIGNED
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20	230	/SPECIEY)	23b. DATE		METERY OR CREMAT	CI	TY OR TOWN	COUNTY	STATE
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(VRA 15, 4)	IAIS	irch Funeral Home Wes	it 4300 Wabash A	venue		20010	03	•	

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	FOR STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	9 0	3 3	5 2 /
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moy be	3 SEX	4 RACE	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRTI		AR IF UNDER 24 HRS
ctor s oft	Male	Caucasion	July	30, 1905 YEAR	81	YRS MONTHS DAT	YS HOURS MIN.
1 11/9	To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	INITPV2 R	KNEVER MARRIED [	9 BALTIMORE CITY OF		
1 150/	New York	U.S.A.	WIDOWED	DIVORCED [	ANNE A	ARUNDEL COU	JNIY MD
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AND 2 N	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 136. COUL A.A.	Co. Sever	or town hark	36. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 612 Pinetr	ZIP CODE See Dr. 211	46
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ond co	160. WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT	ADDRES	S	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The low requires that the death certi- r attending physician. Wher this certificate has been signed by the ottending is as the burial-transit permit. Then please remove carbon th and Mental Hygiene prior to burial, cremation, or rem orked or frem 18 shows any injury, or other traumatic ev	PART 2, OTHER S THE ANT.  19a DATE OF CIPERATION  21a. ACCIDENT WAS UNDERLYING	CONDITIONS CONTRIBUTION FOR	K	may bus	MINAL DISEASE OR COND	20b. IF YES, WERE FINI IN CERTIFYING CAUS	IDINGS USED
N: The system of	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		71: HOW INJURY OCCUP	100	Y IN ITEM IB PART I OR PART	
rSICIAI ring ph certific certific uniol-tr Aentol lifem d			TH DAY YEAR		/		
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7 5 F 2 8 ₹ 1	230. BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
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021100					OF DEATH	REG. NO.		
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ofter p	3. SEX		4 RACE	5. DATE OF BIRTH	DAY WEAD	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ect ect		remale	Causas		10912	85	YRS	
1 350		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	TRY? 8. MARRIED   NI	EVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
		10009	U2.	WIDOWED	DIVORCED [	Anne Hr	undel	MD.
1/9/	10 CI	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL,  (IF NOT IN SUCH FACILITY, GIT	NURSING HOME OR OTHE	RINSTITUTION	128 USUAL OCCUPATION	126 KIND OF	F BUSINESS OR
82 11/1/	10	daewater	Measant L	iving Conva	lescent G	L' Clerica	( ) J43	Menoth
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TAN BANK		BURI	Shilv	988	TIME		MAN	77/1
8		(AS DECEASED EVER IN U.S. AI ES, NO GRANKLOWN) (IF YES G	VIENNA BORTHETTE		ORMANT	ADDRESS ADDRESS	1013ame	as )
WH 2 50 1/		ges w	184	1280975/	DINE	H. UCIE	TE DE	
BAL Cotte Co		18 CAUSE OF DEATH (Enter D. PART I. DEATH WAS CAUS	nly one couse per line for (a)	(b), and (c).)	^		BETWEEN	MATE INTERVAL
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o the control of the		1100	DUE TO, ORTAS A CON	NSEQUENCE OF				
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quires signe hen pl	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH OUT NOT RE	LATES TO THE TERM	INAL DISEASE OF CONDITIO	ON GIVEN IN PART TO	
8	CERTIFICATION	19a DATE OF OPERATION	19h CONDITION FOR	WHICH OPERATION WAS I	PERFORMED	20a AUTOPSY? 20b	IF YES, WERE FINDIN	GS LISED.
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71 HT 19 99 9	1	22 MGNATURE	of) view the body after death	DEGREE	1	1	22c DATE	SIGNED /
0 4 0 40 X		Soull	- tall	V Lo	ATTENDING PHISICIAN	MEDICAL STAFF	10	1519
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01 531 3/	23a B	URIAL, CREMATION, REMOVAL	L 23b DATE	23c NAME OF CEMETER	Y OR CREMATORY	23d LOCATION	^ ^	
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DHMH - 16 60M 7/84	24 EL	NERAL DIRECTOR	FIL 501 1	PITCHIE L	250. DATI	E REC'D. BY REGISTRAR 256	REGISTRAP'S SIGNATI	RE
(VRA 15, 4)	I	arranco	HH. GOVIO	CNID DK	mi to	19 400 4	he Dendern-1	and the same
			75.75		TIVI	10		

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR			REG. NO.	
1. DECEASED NAME FIRST (TYPE OR PRINT) James	MIDDLE A .	King Sr.	Dec. 8,1986	YEAR 26. HOUR
3. SEX Male	4 RACE White	5. DATE OF BIRTH 5"0" 1"9" 4	6. AGE (IN YEARS LAST BIRTHDAY) IF UN MONTH	NDER I YEAR IF UNDER 24 HR
7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Texas	76 CITIZEN OF WHAT COUNTRY?	* MARRIED XX NEVER MARRIED WIDOWED DIVORCED	Anne Arundel C	
10 CITY OR TOWN OF DEATH Annapolis		ng home or other institution  Description  General Hosp.		26 KIND OF BUSINESS CONDUSTRY. Navy
130 STATE 136 COL		E ADMISSION)  13d INSIDE CITY LIMITS?  YES NO X	13. STREET ADDRESS / ZIP CODE 5982 7th St.	20151
Arly (	Calvin Kin	g Beatrice	ME MIDDLE Bak	cer LAST
IAN WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	JRITY NO 17 INFORMANT	ADDRESS	

YES NO OR UNKNOWN) 443-10-8160 Lillie Mae King #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT

190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	20a AUTOPSY?	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES NO	YES	NO 🗌
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART I OR PART	?)
(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19				
21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN COUNTY	STATE

220.1 certify that (1) (this hospital attended the deceased from 19 7.6 to 1/20 8 19 86 that (IT (We) lost saw the deceased alive on bove, (1) (we) the body after death and that in (my) opinion death occurred on the date and hour and from the causes stated DEGREE

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b DATE

Brentwood Burial Pourt. Lincoln Cem. 12-9-86 Ft.

24 FUNERAL DIRECTOR

(IF YES GIVE WAR OR DATES)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Md STATE

STAFF

Hardesty

Annapolis, Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

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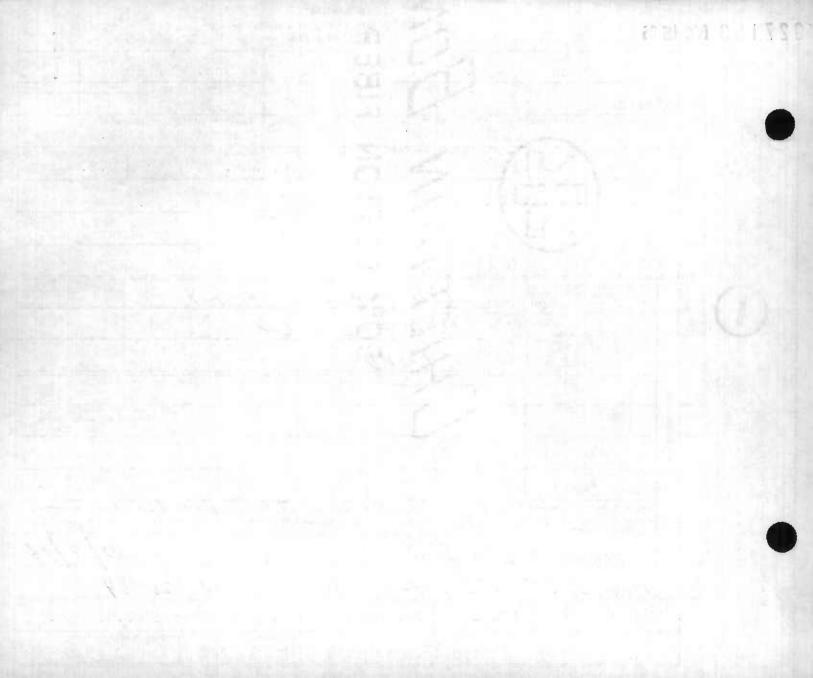
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FUNERAL DIRECTOR:

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ATTENDING



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VST., BALTIMOR certificate be exec re- re- re- re- re- re- re- re- re- re-		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSE DBY:  OUNG OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSE DBY:  OUNG OF DEATH (Enter only one cause per line for (a), (b), and (c).)
201 W. PRESTOR	NO	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-
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OR ATTENDI P. hospital or DIRECTOR. A ched for use then for use them? I is mi		27a.1 certify that (1) (this haspital) attended the deceased from 7-30 19 86, that (1) (we) lost saw the deceased alive an 1/- 19 86, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECT
TO HOSPITAL retained by the TO FUNERAL Is should be detoo with the State I.	/ 23a.	226. ATYSICIAN'S NAME (TYPE OR NEWL)  MICHAEL SHWARTZ 606 HAMMONDS LA. BROOKLYN 21222  BURIAL, CREMATION, REMOVAL 1230. DATE 1236. NAME OF CEMBIERY OR CREMATORY 1236 LOCATION
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE . DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT ESTI-DEATH MATED 161986 DATE OF BIRTH 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DELEWARE U.S.A. WIDOWED DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME MIDDLE SARAH LAMBERT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO Annapolis. Md. 21401 222-18-4854 NO PHYLLIS R. Gross Ave. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY MANEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20 AUTOPSY? YES [ NO V BE 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY SATHOME 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNENTAL DIRECTOR: PAGE 3: AFTER-QEATH, WITH THE STATE DE BALTINDRE, MARYLAND, 2),201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 220 I certify that I took charge of the remains described above, held on Autopsy Inspection Notural causes Suicide Homicide \_\_\_ Undetermined monner EXAMINER'S NAME William P. Jones, M.D. ADDRES 695 America Crt. Davidsonville, Md 21035 BURTAL 12-21-1986 New Castle GRACE LAWN MEM. PARK Deleware 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Annapolis, Md. 21401 **DHMH - 17** WILLIAM REESE & SONS MORTUARY, P.A (VR A15 ME (5))

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·			OR PRINT)	4.1		OF ESTI- DEATH MATED	12 26 10 86 1030
	55.55.55	2 554	JASON 14 RACE / 15 DA	ATE OF BIRTH / 16. AGE (IN YEAR	LEITCH RS IF UNDER TYR. IF UNDER 24 HR		12 26 19 86 10 M
	B 2 2 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	M	1/0 /1/ HO MC	INTH AY EAR LAST BIRTHDAY		PRONOUNCED	20 HOOK
	A COLOR	1110	ETHPLACE (STATEOR 7b.C	2/2/69 // YRS	5.	DEAD  9 BALTIMORE CITY OR C	12 26 1986 11 pm
-	おいる主義へ		RTHPLACE (STATE OR 7b C	CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	A	
	NEW YORK	177	YORTOWN OF DEATH 11.1	NAMÉ OF HOSPITAL NURSING HOME.	WIDOWED DIVORCED L	USUAL OCCUPATION (TYPE OF	WORK 126 KIND OF BUSINESS
·	思語語を	0	TOR TOWN OF DEATH	IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	FOR MOST OF WORKING LIFE)	OR INDUSTRY
1	30 2 8 8 A	H	L RESIDENCE (IF IN NURSING HOME OR OTHE	nne Hrundel Ge	neral Hospi Pall	Mudent	High Jchool
100	29×38	13a S		13c. CITY OR TOWN		STREET ADDRESS	21035
0.21	2 4 9 5 B		IID I HH	Davidsonvi	YES NO XI		arm Court
W	1-63D/	1	THER'S NAME	DIE	IS MOTHER'S MAIDEN NA	WIDDIE	LAST
ORE	B8848 -	1/4	YAS DECEASED EVER IN U.S. ARMED F	ORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANT	ADDRESS	-ooper
MIT	SE PER SON	100. V	S. NO, OR UNKNOWN) (IF YES, GIVE WAR O			1 - LIT	same as
3	A SET AS		NO -	20-04-4	HOITHOMESE.	relich nr-	#13
15	MAT.		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:		DE TO MULT	COLE INTON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	A SERVICE A	7	IMMEDIATE CA	USE (a) SHOCK DUE TO, OR AS A CONSEQUENCE O		IPLE /MUIL	165 SECUNDS
123		1	Conditions, if any, which			CLIBENT.	
4.7	<b>有效</b>		gave rise to immediate couse (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O		ccinen,	
7 10	Passaga Passaga		lying couse lost.	DOE TO, OR AS A CONSEQUENCE O			
20	ANDORA		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRI	(c) BUTING TO DEATH BUT NOT RELATED TO THE TERMIN	THE DISEASE OF COMMITTION CHIEF IN BARY		
080	PA PE	Z	Course South Course Control Course	BOTHOTO BEATH BOTHOT RECRIED TO THE TERMIN	ANT DISCUSE OR COMMITTION DIVEN IN PART 1 (0		
REC	CAN WEN	INCATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
TAL	DO THE BOY	12					YES NO NO
5	A THE COMMENT OF THE	CERT	210 EXTERNAL CAUSE WAS	21b. TIME OF INJURY	21c HOW INJURY OCCURRED IEN	ITER NATURE OF INJURY IN ITEM 18 PART	
2	STORY STATE	14	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY YEAR HO:30M 12 26 1986	PEDESTRIAN	STRUCK BY	AVTO
Sio	TO STAN	100	21d. INJURY OCCURRED	210 PLACE OF INJURY (ATHOME.	211 LOCATION	711-0012-101	7.1.10
Div	A SEED SEED SEED SEED SEED SEED SEED SEE	1	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	PATUX ANT R	ZUAD DAVIDSON	COUNTY STATE
	HAWARED	1					
	AND SET OF			he remains described abave, held a	Autapsy, Inspection		my opinian
-	AM BER	1	death resulted from: Natural car	uses , Accident , Suic		idetermined manner,	
	* SEC. O. C.	1	ACTUAL /	1	MD DEPUTY		DATE 12/27/85
3.72	DICAL TETHE A SHO NERAL MORE.	1	SIGNATURE .	programma	M.D. JOST N	MEDICAL EXAMINER	SIGNED 1 C/C//OL
	MEDICAL CUTE THE E 4 SHO FUNERAL BR DEATH	1	EXAMINER'S NAME / H AI	RLES A. SEI	AGEAL 180	RITCHIE	HWY SUPK
	PAG PAG	23a BI	JRIAL, CREMATION, REMOVAL 23b. D.	ATE 123¢ NAME OF CEM		I. LOCATION	
07/84	BP	(5	Surval her	21,00   1 11	mont D	GVIDSonville	COUNTY A STATE
25M		24 FI	INERAL DIRECTOR	- chile	25a. DATE REC'D		RAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	to	Flor Fineral	Chapel-Annapol	IS MIN JAN	5 1987 Autia	Sidison Pendaga
		FIN	T.VI IUDETO	- I ap cr - It III a po	1	J. IVVI	A. Levery

1 1224 St. 1080 "10 74 Sept. 1 CHARLEST STREET STREET STREET STREET STREET 

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	3 3 5	3 /
2698 L DEC	509	PASED NAME FIRST	MIDDLE	LAST			HOUR
poge 3		HELEN	MARION	LESNIEWSKI	DECEMB	ER 08, 1986	9.28 PM
mo)	3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
recto urs of	LE	EMALE	CAUC.	5 28 20	66	YRS	
a Park	70. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
de ot	111	ARYLAND	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	ANNE A	RUNDEL COUNTY	MD.
by the	10. CI	GLEN BURNIE	(IF NOT IN SUCH FACILITY, GIVE STREET		(TYPE OF WORK FOR MOST O		BUSINESSOR
hin 24 hou sly filled in should be	m/A	AL RESIDENCE (IF NURSING HOME OF TATE 13b COUR LYLAND AND THER'S NAME			13e STREET ADDRESS	Ell CODE	NBURNIC
omplete on the state of the sta		JOHN	MIRIDLE NIRIDL	ek Victor	ADDRE	M D M	IAK
oges redico			WE WAR OR DATES) 218 - 05	-0761 MRS DORIS	MAXWELL	305HAWNC	4 21230
not the deoth certificate by the other time physic size femo.  ), cremotic certification other trouments.		PART I. DEATH WAS CAUSE	DUE TO OR AS A CONSECT	JENCE OF DE LECCE DE	Thates Lower Some	De Company	ATE INTERVAL OUT AND PLATE
NG PHYSICIAN. The low requires the form of the control of the cond Mental Hygiene prior to buriol, orked or them 18 shows any injury, or control of the cont	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	ainal Disease or con	DITION GIVEN IN PART 1/0	
he low roon. has bee t permit. fene prior	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	
iclan: Ti g physici g physici ertificate riol-transi intol Hygi fem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		DAY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)	
ottendin ter this of s the bund Me rked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC ] 21f. LOCATION STREET	CITY OR TO	WN COUNTA	STATE
ATTENDIN sspital or CTOR: Af for use of d for use of t. of Health		saw the deceased olive or obove, (I) (we) (did) (did no	ital) attended the deceased from 19 14) view the body after death.	ond that in (my) (one opinion		ote and hour and from the co	
TAL OR A y the hos RAL DIREC detoched fote Dept.		22b. SIGNATURE	Blan		MEDICAL STAI	FF CIAN   222 DATE ST	1.1-1
TO HOSPITAL strong by the TO FUNERAL should be detroined by the With the Store important:		ROBERT B KR		22e ADDRESS 95 GLEN BUR	AQUAHART RO	OAD, SUITE 20:	3
BP	23a E	URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	RE COUNTY	mD.
DHMH - 16 60M 7/84	艺	UNERAL DIRECTOR  1.75Phw15Ki F	ADDRESS	NON FIRST 4 DI	LE RECTO BY REGISTRAR	25b. REGISTRAR'S SIGNATUR	

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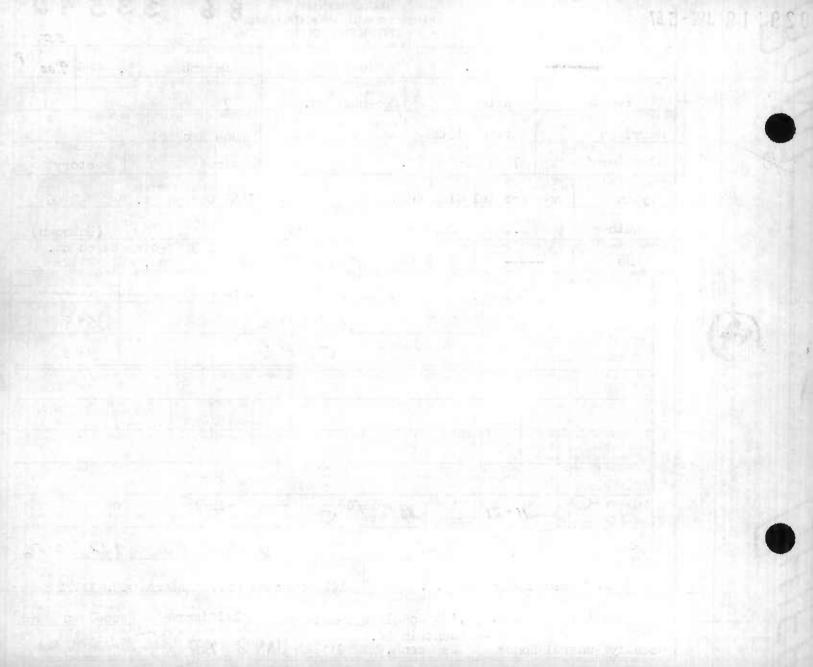
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0 2 9 2	247 JAN-	3-	ATE REGISTRAR		MED	DICAL EXA	AINER'S	CERTIFICATE C	F DEATH R	EG. NO.		
			CEASED NAME FI	RST		MIDDLE		LAST	20. DATE KNOV	WN X MONTH	DAY YEAR	2b. HOUR
	ASSER			chard		.G.,		nch	OF EST DEATH MAT	ED 12/	27/1986	M
	DIRECT DIRECT DOUR H DIVING	1.5E	ale White	~10		1942 4	BIRTHDAY) MONT	NDER T YR. IF UNDER	MIN. PRONOUNCED DEAD	12/	27/1986	9:00 A M
	AND STREET	Ne	RTHPLACE (STATE OR REIGN COUNTRY) W YORK	/	U.	S. A.	WIDOV		ED Anne A		County,	MD
A	A PAGE		ty or town of death Glen Burni	e No	orth A	rundel H	ess) Ospital	HER INSTITUTION	12a USUAL OCCUPATION FOR MOST OF WORKING LI	N (TYPE OF WORK	OR INDUSTR Educati	RY
1000	AND 3	Ma Ma	0		orge t	13c. City or 10	DMISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 1	.4800 Fou	irth str	eel
( 8	TANGE !	Part.	THER'S NAME	MIDDLE		LAST		15 MOTHER'S MAIDI	EN NAME MIDDLE		LAST	
1 8	363376	74- 1	George VAS DECEASED EVER IN U.	S ABMED FOR	CECO	Lyn		Geral 17. INFORMANT		DRESS	Will	iams
ALIM	HS AFTER PARTY POLICY PAGES DIVISION	£ 63	(IF YE	S, GIVE WAR OR DAT	TES)	053-36-			Anderson RD		5 SlateH	ill,NY
ORDS, 201 W. PRESTON	COLETIFICATE SHOULD BE EXECUTED WITHIN THE SCHOOL OF EXECUTED WITHIN THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEMS SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCOSE FACES SHOULD BE USED AS A BURIAL-TRANSIT PENSIT BE EXTH. WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIBNE. MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	z	Canditians, if any, gove rise to imme cause (a) stating the ulying cause lost.  PART 2 OTHER SIGNIFICANT COND	which diate nder DI	(b) UE TO, OR .	as a conseque	NCE OF		tic Cardiova	ISCUTAT I	Isease	
AL REC	SED AS F HEAL	CERTIFICATION	19a. DATE OF OPERATION	119	9b. CONDIT	ION FOR WHICH	OPERATION V	VAS PERFORMED?			20 AUTOPSY?	,
VIT	T BUS T	RTIF	Zia EXTERNAL CAUSE W	A S 21	Ib. TIME OF	INTUINV	121. 1	low is thursy occurrent	D LENTER NATURE OF INJURY IN		YES X	NO 🗆
DIVISION OF VITAL RECORDS.	G THE V TO THE V HOULD ARTMEI	MEDICAL CE	UNDERLYING OR CONTRIBUTING CAUS	E OF DEATH	HOUR A.M. P.M.	MONTH DAY	YEAR 9		D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	17 2]	
DIVIS	E: THIS CER TE, WRITIN RWARDED R: PAGE 3 S STATE DEP C: 21201 PR	MED	WHILE AT WORK AT WORK			OF INJURY (AT HO ORY, FARM, ETC.)		OCATION STREET	CITY OR TOWN	COU	INTY	STATE
•	EXECUTE THE CERTIFICATE, PAGE 3 HOURD BE FORW TO PURIES AT DIRECTOR: FAPILE SATH, WITH THE SITE OF THE PAGE 3 HALLINGS.	22 9	220. I certify that I tack death resulted from ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) URIAL, CREMATION, REMO)	Matural couses  Dennis	07	Shugh	Suicide)	Homicide Hey Homicide Hey Hey Homicide Hey Homicide Hey H	Undetermined manner  MEDICAL EXAMINER  11 Penn St.  1234 LOCATION	ond in my ap	10/0	3/86
07/84	BP	(30.6	Burial Burial	1_3	3-87			Cemetery	Ridgebury,	Orange	, New Yo	ate
25M	DHMH - 17 (VR A15 ME (5))		uneral director arzullo Funer	al Serv	rice		co, MD	250. DATE	C3 1 1986	RECISTRATES	GNAVDE	A
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The fireman of the state of the

20110 050	1	FOR - STATE REGISTRAR		DEPARTN	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 3	5 3	13 1
28449 DEC		CEASED NAME FIRST		MIDDLE	i	AST	20. DATE OF DEATH		YEAR	2b HOUR
page 3	(TYP	DORO DORO	THY	R	M	ALAN	1	2 21	86	6 45 M
may page	3. SE	×	4. RACE		5 DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF U		IF UNDER 24 HRS
ge 4		emale	White	2	Febr	uary 19,1903		83 YRS.	THS DAYS	HOURS MIN.
127	7a. B	IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITYO	R COUNTY OF	DEATH	
		N. Carolina		States	WIDOWE	D DNORCED	HAME A	RUNDI	el	MD
3/15/3	H	Mapolico	(IF NOT IN SU	THE STREET	DEREDS)	or other institution	TYPE OF WORK FOR MOST ON NUTSING		INDUSTRY	spital
4 133	13a.	AL RESIDENCE (IF NURSING HOME C STATE 136 COL Md. A.		GIVE RESIDENCE BEFORE 13t. CITY OR TOWN Severna		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 4 St. IV	ZIP CODE es Driv	re 211	146
1 200	14. F.	ATHER'S NAME John	WIDDLE	Roger	s	15. MOTHER'S MAIDEN NA. FIRST I'ma	ME		LAST Wal	lker
e execut n and ca Pages 1	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS		
prificate be exec g physician and anpapers. Pages remayal.			one	216-12-9	396	Mrs. Mary Su	e Clark (	same as	above	5)
es that the death ce ned by the attendin please remaye carb urial, cremation, ar r, or other traumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	(c)	OR AS A CONSEQUE	nce of	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN	IN PART I I I	
been sig mit. Then prior to b	CERTIFICATION	Aortic 190 DATE OF OPERATION	Sten	oses,	CV	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W	ERE FINDING	GS USED
ician.	E						YES NO	IN CERTIFYIN		NO [
Phys of the Salar		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	FATH HOUR A	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	OR PART 21	
HY A Marie	MEDICAL	21d. INJURY OCCURRED		OF INJURY	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
ar offer the as the alth and marked	1	AT WORK NOT WHILE AT WORK			12	18 80	(2)	21	8-1	
END a of a of		220.1 certify that (1) this hosp sow the deceased alive a	19/0	he deceased fram	×1-	nd that in my (our) apinian	to	. 19_	- th	hat (1) (we) lost
ATT aspid ed for ot. of om 21		abave (1) we) (did) (did n	view the bad	y after death.		DEGREE (GOT) OPINION	death accurred on the do	ire and have on	22c DATE S	
ITAL OR hy the hy the hy deteched deteched to the Deteched to the Deteched to the Depth of the D		EW	Cole	M	/	AD ATTENDING PHYSICIAN	MEDICAL STAI	F IAN 🗆	12/	22/86
TO HOSPITAL TO FUNERAL should be deta		EW CO				1	CLIN ST A	NNAP.	Ma	l.
BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	12-23			Park	23d LOCATION Baltimor		ale .	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NAME SEVERNA		AD. 2114	6	DEC	e rec'd. by registrar 2.9.1986	Julia No		

COLUMN A TREES IN THE STATE OF THE STATE OF

)     9 JAN -		FOR STATE REGISTRAR		PETAKIM	CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	10.	E	37.
With the course		CEASED NAME FIRST	. A	AIDDLE	L	AST	2a. DATE OF DEATH	MONTH DAY	YEAR 2b. H	
nay be page 3 r death	(TYPE	Joletta	Loretta (	3.	Marl	owe	Decembe	er 28,	1986 9:	00
Pog Pog	3. SE)		4. RACE		5. DATE O		6. AGE (IN YEARS LAST B	RTHDAY) IF L	INDERTYEAR IF UNI	DER 24 H
ctor.		Female	White	08375.10	MONTH	mber 29.1914	71	YRS.	THS DAYS HOUR	65 M
Pog dire	76. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?		□ NEVER MARRIED □	9. BALTIMORE CITY		DEATH	
Control of		eryland	United	States	WIDOWE		Anne Aru	ndel		
Office the Control of		ty or town of death Len Burnie	11. NAME OF F		HOME O	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Retired	ION	126 KIND OF BUSI INDUSTRY Factory	
24 hours	13a. S		orotherinstitution. UNTY e Arundel	GIVE RESIDENCE BEFORE A 136 CITY OR TOWN Glen But	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 7885 Gordo		210	061
apletely ond 2 showing		THER'S NAME Luther	MIDDLE D.	Hurley		15. MOTHER'S MAIDEN NA/			(Unkno	
ond cor		VAS DECEASED EVER IN U.S. ( ES, NO OR UNKNOWN) 1 IF YES,	ARMED FORCES? GIVE WAR OR DATES)	236 09 62		17 INFORMANT Mary Jo Sheh		fagothy lena, MI	Beach Rd	
rs. P						mary 50 Sitell	arre rasa	iena, mi	APPROXIMATE IN	
physical phy		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per SED BY: IATE CAUSE (a)	line for (a), (b), and		ocoadial I	To fact.	n	SETWEEN ONSET	
oumosic o		Conditions, if ony, which	DUE TO, OF	R AS A CONSEQUE	NCE OF	ASCVE	0		yes.	
o the transfer transf		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	COPL			YKS.	
equires 1 n signed Then ple 10 buria injury, at	NO	PART 2. OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DI	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GIVEN	IN PART Ito	
he low re on. hos been t permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (	OPERATIO	N WAS PERFORMED	280 AUTOPSY?		VERE FINDINGS UNIG CAUSES OF DE	
CIAN: T physicia prificate al-transi ntal Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)	
G PHYSICIA ottending plants certifications the burial-tond Mentaliked or Item	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE			211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
TENDIN Sital ar TOR: Aft far use a of Health		220.1 certify that (1) this ho saw the deceased alive above (1) (we) (did) (did	on_11-21	19.80	3/3	d that in (my (our) apinion	to 12/28 death occurred on the	dote and hour a	86 , that (I	) (we)
TAL OR A) Y the hosp RAL DIREC detached to the Dost Dept. If them	1	226. SIGNATURE	ull.	M.M.		DEGREE ATTENDING PHYSICIAN	MEDICAL ST.		12/30	18
ro Hospital.		C. Thoma	s Folkeme	r, M.D.		22e ADDRESS 4141 Mountain	in Rd. Pasa	dena. M	d. 21122	
○ 후 5 후 호 호		SURIAL, CREMATION, REMOV	AL 236. DATE	23c N		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Baltimo	c	OUNTY	SIATI
nn .										IV
BP DHMH - 16 50M 4/83	24 FI	Burial		Mountair		Cemetery 250 DAI	E REC'D. BY REGISTRA		oodlawn	



## after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 that the death certificate be TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: # Hem 21 is marked or Item 18 shows any injury, or other troumotic event, the

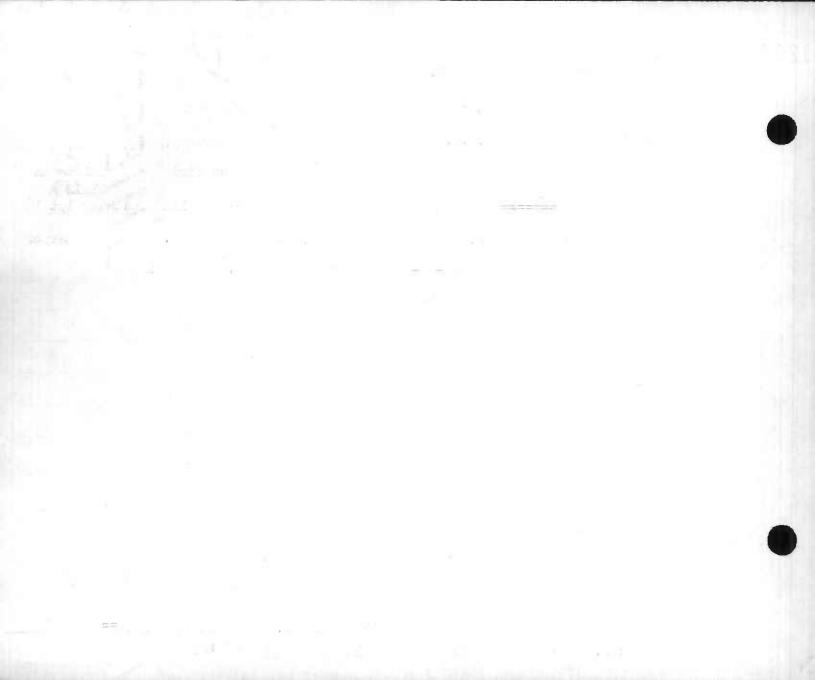
TO HOSPITAL

BP. DHMH - 16 50M 4/83 (VRA 15, 4)

## STATE OF MARYLAND

86-33541

1	1 -	FOR STATE REGISTRAR			DEPART		EALTH AND MEN		REG. NO	00	33.	341
		CEASED NAME	FIRST	,	MIDDLE	1	AST	. 1	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	(TITE	F	TORE	INCE	C.	M	AS KEll			12-2	5 84	1 A M
	3. SE)			4 RACE		5. DATE C			AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	F	EMALE		Wh.	ite	I J		VEAR 08	78 yra	YRS.	ONTHS DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN	L CITIZEN OF	WHAT COUNTRY				BALTIMORE CITY O	COUNTY	OF DEATH	
5	N	aryland	100	U.	S.A.	WIDOWE			ANNE ARL	IndE		MD.
,	10 CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURS		R OTHER INSTITUT		120 USUAL OCCUPATION			OF BUSINESS OR
6	136	ROOKLUNPK	. /	Meride	. 11	Mone		Sung Y	Bus Gir	L WORKING LIFE	industry Caf	eteria
1	MOUA	AL RESIDENCE (IF NURS	196 COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFO		13d. INSIDE CITY L	uurea lu	13e.STREET ADDRESS /	ZID CODE	212	12
	175,177	ryland	Tenant and Park Street, Street	ZZZZ	Baltim		YES X NO					Apt 1D
	THE REAL PROPERTY.	THER'S NAME					15. MOTHER'S MA	IDEN NAMI	E			
X	)	Thoma		NIDDLE	J. Ma	askell	FIRST	nna	WIDDLE	d.	£A!	Harper
		VAS DECEASED EVER			166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRE			
2	( )	VES, NO OR UNKNOWN)	(₩ YES, GIVE	WAR OR DATES)	216-24	-8817	Leonard	Beam	Jr. Same a	as 13e	9	
		18. CAUSE OF DEAT	H (Enter anl	y ane cause per	line fag (a), (b), a	ind (c).					APPROX	ONSET AND DEATH
		PART I. DEATH W		BY: E CAUSE (a)	MY	OCF	HIGH	L	TAILUK	E.		
			7777	DUE TO, OI	As ACONSEO	DENCE OF		- 0	ADDI- MA	er 1/1	40	
		Canditions, if any,		( (b)	HRTE	RIOS	LEROTI	CLI	AL DIO-AL	ISFAC		
		gave rise to imm cause (a), statin	nediote ig the	DUE TO, OI	R AS A CONSEOL	JENCE-OF	- > -	. 04	e t	19-719	9	
		underlying cause	lost	(c)	MULT	IPL	E DEC	UBI	TII			
	_	PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CO	ON RIBUTING TO	DEATH BUT	NOT RELATED TO	HE TERMIN	AL DISEASE OR CONE	ITION GIVE	N IN PART 1	a
	ē	Ferre	rol	laga	la	Ingn	Price	Cyc.	HYPI	DTH	4.	
7	CA	190 DATE OF OPERA	TION	196 CONDI	ITION FOR WHIC	H OPERATIO	WAS PERFORME		200 AUTOPS*?	20b. IF YES	, WERE FINDI	NGS USED
1	CERTIFICATION	M							YES NO	YES		NO 🗆
1		210. ACCIDENT WAS UNE		21b. TIME O	FINJURY M. MONTH [	DAY YEAR	216 HOW INJURY	OCCURRE	D (ENTER NATURE OF INJOR	Y IN ITEM 18 PA	ART 1 OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDI	CAL EXAMINER)	P./	M.	19						
	MED	21d. INJURY OCCURE		21e. PLACE (	OF INJURY	, FARM, ETC )	211 LOCATION STREET		CITY OF TO	WN	COUNTY	STATE
		AT WORK NOT WH	RK			Ta	10	70	1	26	01	
		22a.1 certify that (I)		al) attended the	0	Q.	, 10		_, to	20		that (I) (yee) fast
		saw the decease above, (I) (	ed alive an_	view the body	after death			apinian de	eath occurred on the do	te and haur	and fram the	causes stated
		226. SIGNATURE	HO	NO VI	. 0		DEGREE	IDING .	MEDICAL STAF	E	22c. DATE	SIGNED 01
_			416	uguld	ling	M.	PHYS		DIRECTOR PHYSIC		12	26/86.
		LI O	AME (TYPE OR	PRINT	11 0	7	22e. ADDRESS	16th	AVE, B	ALT	MOR	E.
1		HUK 1		21149	H V		17 01	10-11	Md 2	-122	8.	
	23a. B	URIAL, CREMATION, SPECIFY) Burial	REMOVAL	23b. DATE	101	-	EMETERY OR CREM		23d LOCATION		COUNTY	ŞTATE
				12/30	1/86	New Ca	thedral C	em.	Baltimore		==	Md
		OTTE J. C.	once	4001 B	itch4985551	Horar R	alto Ma	25a DATE	REC'D. BY REGISTRAR	REGIST	R'S SIGNAT	PREdate



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Gertrude

Bernadette Nicholson

REG NO LAST 20 DATE OF DEATH YEAR 26 HOUR Matthews 7000 M Bernard November 29 1986 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

12a USUAL OCCUPATION

Disabled

MIDDLE

Anne Arundel County

10-16-34 Black BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED United states WIDOWED

Maryland LCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

Anne Arundel Hospital Glen Burnie SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI

136 COUNTY 13c CITY OR TOWN 308 Loring Drive Marvland A.A. Glen Burnie Co. YES X FATHER'S NAME 15 MOTHER'S MAIDEN NAME

ALIDDIE Matthews Kinley 160. WAS DECEASED EVER IN U.S. ARMED FORCES

4 RACE

No 220-28-7474

18, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:

Acute Myocardial Infarction IMMEDIATE CAUSE (0)\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which

DUE TO, OR AS A CONSEQUENCE OF

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

19

underlying couse lost.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)

gove rise to immediate couse (o), stoting the

19a. DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTHEY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK

220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on above, (1) (we) (did) (did not) view the body ofter dedth

DEGREE M.D.

211. LOCATION

ATTENDING 22e ADDRESS

PHYSICIAN ADIRECTOR PHYSICIAN

MEDICAL

22d PHYSICIAN'S NAME (TYPE OR PRINT) MOURTZANAKIS

236 DATE

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

NOF

CITY OR TOWN

STATE

Burial

\*

MPORTANT

Should be detowith the State D

CERTIFICATION

MEDICAL

230. BURIAL, CREMATION, REMOVAL

226. SIGNATURE

FOR

- STATE

3. SEX

L DECEASED NAME

Male

REGISTRAR

Richard

Harmony Memorial

DHMH-16 60M 1/73 (VR A 15 (4))

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

126. KIND OF BUSINESS OR

APPROXIMATE INTERVAL

Immediate

INDUSTRY

Brooks

Groome

COUNTY

206. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

COUNTY

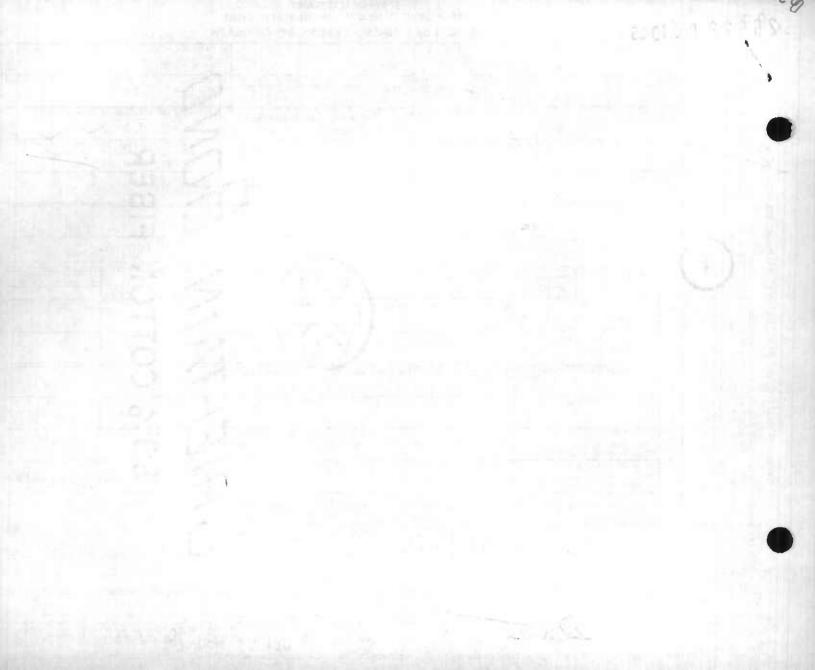
Landover P.

12121

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STATE OF MARYLAND 28623 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO 20 DATE KNOWN LTYPE OR PRINTI ESTI-AY IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. AGE 5 FOR YOUR FILES. FILED, WITHIN 72 HOURS 241 W. PRESTON STREET, 86 Dec. DEATH MATED PATRICK **MCCANN** 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY PRONOUNCED 1981 86 9:09P Male White Aug. DEAD 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY Maryland II.S.A Anne Arundel DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b. KIND OF BUSINESS None OR INDUSTRY North Arundel Hospital Glen Burnie 13a. STATE Anne Arundel Glen Burnie 130 INSIDE CITY LIMITS? 130 STREET ADDRESS Rd. 21061 15. MOTHER'S MAIDEN NAME Ruby 14 FATHER'S NAME Micheel Francis McCann Mae Brown Patrick HOURS AFTER D 17 INFORMANT 105 Ralph Rd. Glen Burnie Md. 21061 PAGES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (mother) (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 214.98.7058 Ruby McCann None 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)\_\_\_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION NER: THIS CER.,
ICATE, WRITING THE
F. FORWARDED TO THE Ch.,
AR: PAGE 3 SHOULD BE USED A.,
AR: PAGE 3 SHOULD B.,
AR: 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [ 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR bedestrian struck by an auto P.M.12-4-CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) Rt. 17#2 North of MOrley Station Rat Anne WHILE NOT WHILE K TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE SIT, BAUGINORE, MARYLAND, 20 Autapsy X 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted frage Accident Suicide Hamicide Undetermined manner Natural causes TITLE (SPECIFY) 12-5-86 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Md STATE Burial Elkridge Dec. 6, 1986 | Meadowridge Mem. Park Howard 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE. Julia Davidson. Randall DHMH - 17 Glen Burnie Maryland Singleton Funeral Home (VR A15 ME (5))



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR McCreery LIYPE OR PRINTS Levh December 4 RACE 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH 1908 white emale Oct 70 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWEDER DIVORCED [ 10 CATY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY homemaker own home 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MD Glen Burnie 17 Elm Dr. AA NOXES 21061 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE George Levh (UNKNOWN) Sarah ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATEST 218/09/5326D JoAnn K. Welsh (daughter) same as 13 none APPRICIEMANT INTERVE 18 CAUSE OF DEATH (Enter only one couse per line for 107, (b), and (c).) PART I. DEATH WAS CAUSED BY ELD HA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GOVERN IN PART LID 19n DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? Mb. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES T NO [ Hygie 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased plive on. , and that in (my) (auch opinion death accurred an the date and hour and from the causes stated obove. (1) (we) (did) (did not) view the body after death 22h. SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS d b nundy 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE Burial Cedar Hill Cem. Brooklyn MD 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4) Singleton Funeral Home, Glen Burnie, MD

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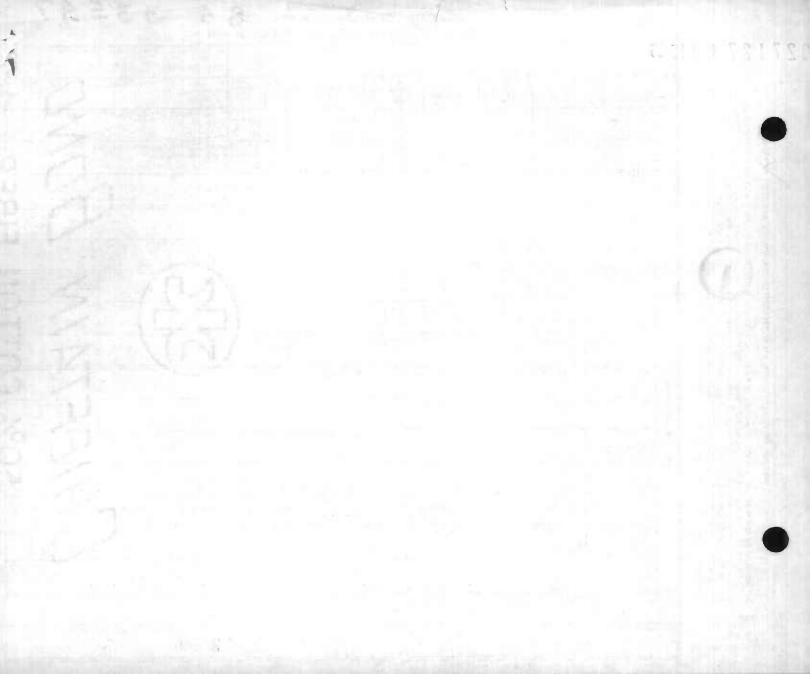
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5 100	14	nnapolis		LINE	//	Del Cu	ueval char		) (patient)		II DOSTKI	
1 1 1 1 1	134	JAL RESIDENCE IN NURSIN	G HOME OR O	THER INSTITUTION	GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIM	AITS2	3e.STREET ADDRESS	7 IP CODE		
8 4 13 1	1	Md.		rundel		rna Pk.	YES NO		159 Down		211	46
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# 0 0 0 0 T		WAS DECEASED EVER I	V U.S. ARM	ED FORCES?	166 SOCIALS		17. INFORMANT		ADDRE	SS		
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[ [ ] O ] O ] O ]	F	CAUSE OF DEATH	(Enter anly	ane cause per	line far (a), (b			,			APPROXIMAT BETWEEN ONS	
3 4001			IS CAUSED MMEDIATE		12050	urata	11 Loule	1110	>			
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STO Seath Seath Son.		Canditions, if any,	which	(b)	DINI	m/RI	WP////	76				
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by her other		underlying cause	last	(10)	K AS A CONSE	. GOLIVEE OI						
S T P P P P P P P P P P P P P P P P P P		PART 2. OTHER SIGN	IFICANT CO	ONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELAJED TO TH	HE TERMIN	AL DISEASE OR CON	DITION GIVEN	IN PART Ica	
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9 1 11819	FICAT	190 DATE OF OPERAT	ON	196. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YES,	WERE FINDINGS	USED
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DIVISION OF VITAL RECORD NG PHYSICIAN. The low-resultential polysocian offer this certificote that been is at the bariotive circin parmit. This to the bariotive circin parmit. This to an terminal hypomic processo onked on them L& shows only min	CER	21a. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21t. HOW INJURY C	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PAR	T 1 OR PART 2)	
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NO STATE OF THE ST	MEDIC	21d. INJURY OCCURR	D		OF INJURY		211 LOCATION		CITY OR TO	wN	COUNTY	STATE
PVIS 100 P	1 5	WHILE NOT WHI	E 🗌	(AT HOME, 314	REET, PACTORY, OFF	TICE, PARM, ETC /						
d Abs		22a.1 certify that (1)				om_//~	19_	- 80	a, ta / 2 -	10 19	86. tho	(we) last
E 6 6 9 8 2		saw the decease above (1) (we) (d	d alive an_	view the body	ofter death	9_8. ar	nd that in my (aur) a	apinian de	eath accurred an the de	ate and havr o	and fram the cau	ses stated
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52 54134	23a.	BURIAL, CREMATION, F	EMOVAL	23b. DATE		23c. NAME OF C	EMETERY OR CREMA	ATORY	23d YOCATION	1 // 1		
BP		(SPECIFY) Remova	1	12-10-	-86				CITY OR TOWN		COUNTY	STATE
DHMH - 16 60M 7/84	24.	UNERAL DIRECTOR	E0.79				2	250. DAIE	REC'D. BY REGISTRAR	75 REGISTRA	R'S SIGNATURE	
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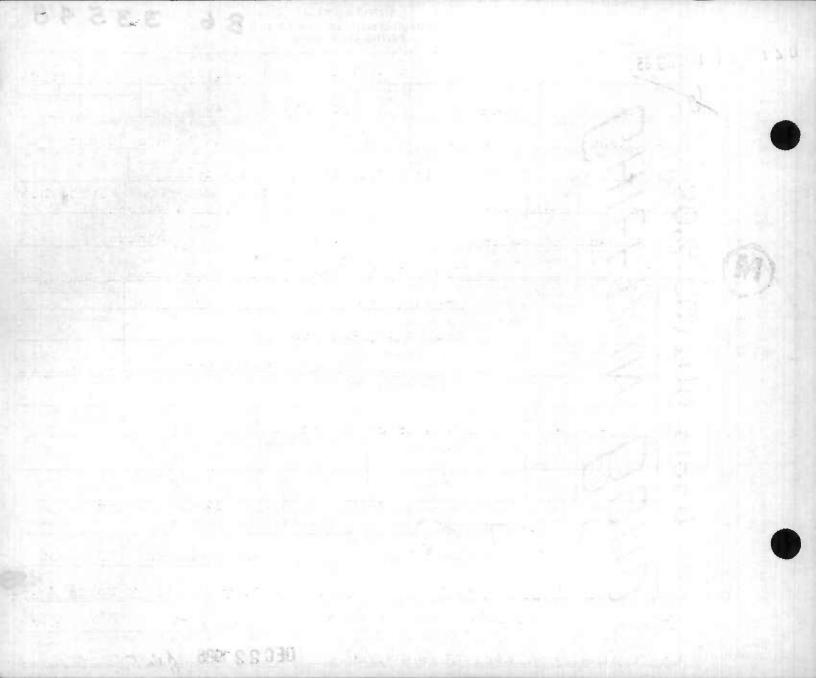
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tor. pog offer de	3 SEX	emale	1	White		S. DATE O	F BIRTH	Ĭ <sup>£</sup> 8894	6. AGE (IN YEARS LAST I		IF UNDER 1 YEAR	HOURS MIN.
th. Page 72 hours	7a Bil	RIHPLACE (STATE OR FO	DREIGN 7	6 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	□ NEVER	MARRIED -	9 BALTIMORE CITY Anne Arun			
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ompletely of a signature of a signat		THER'S NAME Charles	Н		Small		Bet	'S MAIDEN NA/	MIDDLE		Royst	
n and ce		AS DECEASED EVER ES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	218,36.9		17 INFORM Mr. Ri	/ T.T.T	.end) Malkenberg	RESSO2 S Balti	isth Av	7e 3 21225 IMATE INTERVAL ONSET AND DEATH
ING PHYSICIAN: The law requires that the death certificate be executed within 2 rattending physician.  Wher this certificate has been signed by the effect of the properties of the buriol-transit permit. Then please requires the buriol-transit permit. Then please required the analysis of the buriol-transit permit. Then please required the properties of the properties of the properties of the properties of the please prior to buriol, cremain and Mental Hygiene prior to buriol, cremain and mental Rygiene prior to buriol, cremain and mental permits of the properties of the plant of the p	TION		lediate g the last.	DUE TO, OI	R AS A CONSEQUI	ENCE OF			INAL DISEASE OR CO		EN IN PART 111	
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OR ATTENDIN e hospital ar DIRECTOR: 46 DORE of ar use a Doept, at Health		22a. I certify that (1) saw the decease abave, (1) (we) (d 22b. SIGNATURE	d alive an_	NO	2-21 19	8-6, ar	EGREE	r) (aur) apinion	death occurred an the		r and from the	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYC - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST 20. DATE KNOWN MONTH ESTI-PAGE FOR YOUR FILES.
FILED MITHIN 72 HOURS DEATH MATED Scott Miller 19 86 Aaron 3 SEX 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED WHITE MALE 7:05F8-14-1968 DEAD 19 86 18 YRS 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED XX 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Charlestown, W. Va. U.S.A. WIDOWED DIVORCED Anne Arundel County, 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
SERVICE dispatcher automoti Anne Arundel General Hospital Annapolis USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 1657 Ce Cedar Lane Shady Side Md. A.A. NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Penwell Miller Jr. Ann Carolyn Paul 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) 232-94-9810 Carolyn A. Sweet same as 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY XIMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO . 216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 5: 45 P.M. 12 5 19 86 Driver in truck/vehicle impact 21e PLACE OF INJURY (AT HOME 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE CITY OR TOWN COUNTY street Muddy Creek Rd. A.A. MD. Autopsy X 22a I certify that I taak charge of the remains described above, held an Accident X Natural causes Suicide Homicide Undetermined manner TITLE (SPECIFY) SIGNED 12/6/86 EXAMINER'S NAME Margarita A. Korell, M.D. Balto.MD. 111 Penn St. 230. BURIAL, CREMATION, REMOVAL 235. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION VIEW MEMORY MARTINSBURG, W. VASA 12/9/86 PLEASANT BURIAL 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS 2RIDGELY AVE. **DHMH - 17** in Testinon andrew HARDESTY FUNERAL HOME (VR A15 ME (5)) ANNAPOLIS, MD





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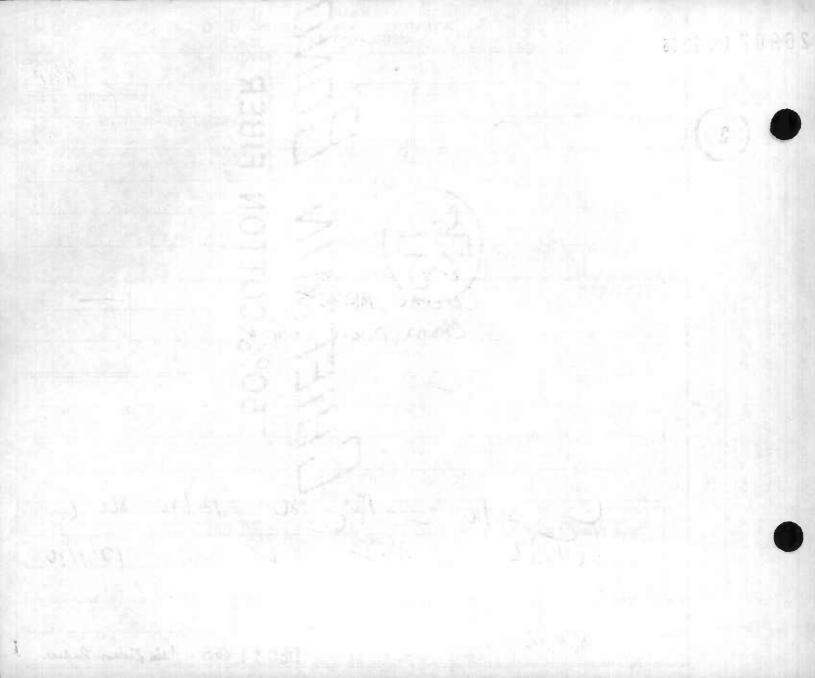
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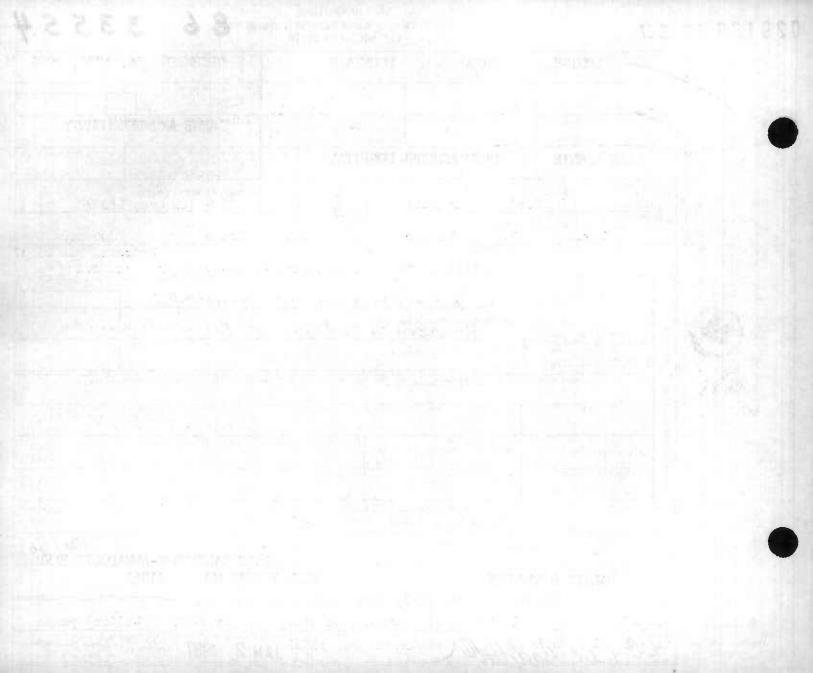
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OR AT OR AT DIRECT DORECT Doched f Dept. o		226. SIGNATURE	6.	DEGREE		220 DATE SIGNED
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DIRE Dept		22b. SIGNATURE	10		DI	GREE	MEDICAL STAT		22c. DATE	SIGNED
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(VRA 15, 4)	Si	ngleton Funera	1 Home, Gl	en Burn	ie M	1		guna	Anthropity.	Corner

LAN I MUSSON - DHYTHUR DI 1985 C.50 AND

CLEN BURRIE NORTH AULMONI, HOSPITAL

1404 CHAIN HIGHMAY, SUITE 300 GLISS F. RUBBIAS, N.D. GLEW BURNIE, MARYLAND. 21061

ANNE ARUNDET COUNTY

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TOR AP			27s.1 certify that (I) (this saw the deceased a phove, (II (yes) (digital	Town on	17/11/00	86 .	19	n death accurred on the c	ate and hou		that (I) (we) last cover stated
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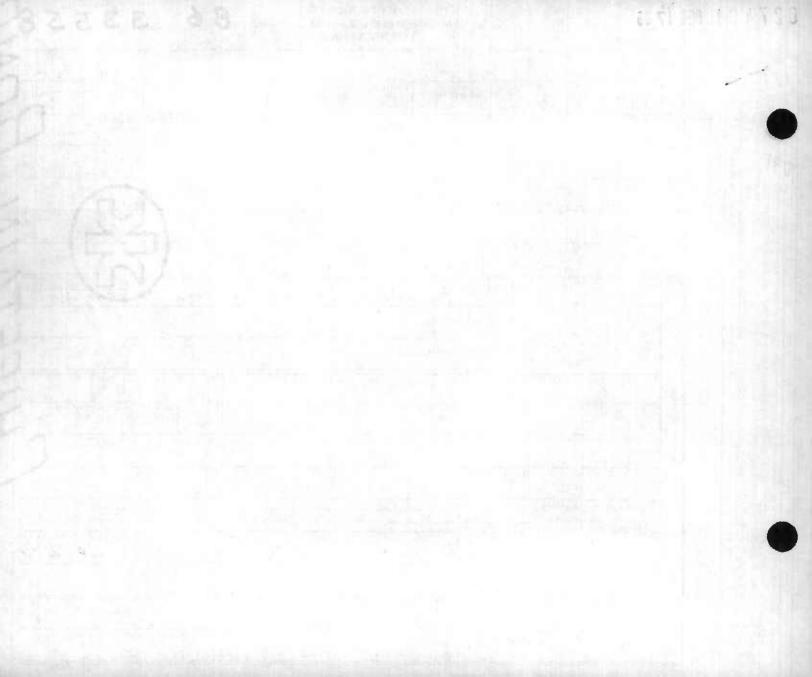
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	1 05	REGISTRAR	FIRST		MIDDLE		ICATE OF DEATH		REG. NO		YEAR	In would	
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64	G1	en Burnie		North	Arundel	Hospi	tal	(TY	pe of work for most of echanic		IZE KIND C INDUSTRY MTA	OF BUSINESS OR	!
3	13a. S	al residence in nurs state Maryland	136 COUN		GIVE RESIDENCE BEFORE  130 CITY OR TOWN  Glen Bur	V	13d. INSIDE CITY LIMITS? YES NO X	13e	STREET ADDRESS	ZIP CODE Street	SE	21061	3
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		WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT (WI	ife)	ADDRE	SS	1 1,54		_
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		BURIAL, CREMATION, (SPECIFY) Burial		Dec 15	, 1986 Ma		emetery or crematory d Vet. Cemet	tery	Crownsvi	.11e,	AA Co.		=
/84		ingleton F	M. J	1 Home	ADDRESS Glan Bu	rnie		7	1 6 1000	25b. REGISTRA	R'S SIGNAT	URE	



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STATE OF MARYLAND REG. NO. 20. DATE KNOWN W MONTH TYPE OF PRINTS OF ESTI-DEATH MATED IMVO 21986 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. SEX DATE OF BIRTH 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED DEAD THE BIRTHPLACE INTAIL OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY US G0 Je STAL 13e STREET ADDRESS 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 66 SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) ( IF YES, GIVE WAR OR DATES) IB CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [9] 100 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry and in my apinion death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) MEDICAL EXAMINER EXAMINER'S NAME William P. Jones, M.D. ADDRES 695 America Ort., Davidsonville, Md. 21035 JURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATOR' 23d. LOCATION 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR SEIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

DESCRIPTION OF And Garles Paris House I com THE HA. There are STORY CARREST more more THE WAY THE PARTY OF THE PARTY

026574 DEC	19.	FOR STATE REGISTRAR		STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE \$ 6 3 3 5 6 2 .  CERTIFICATE OF DEATH  REG. NO.									
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AND 21	130 5	AL RESIDENCE OF NURSING HOME OR STATE 136 COUN Shebo	other institution ity oygan	13c. CITY OR TOW Kohler	'N	138. INSIDE CITY LIMITS?	13e.STREET ADDRESS 817 Wes	ZIP CODE t Park	Lane /	19999			
MARYLAND  The state of the stat	14 FA	THER'S NAME Alex	MIDDLE	Rudoll		15 MOTHER'S MAIDEN N	MIDDLE	Muel	ler LAST				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death certi- ratending physicion. Witer the vicerificate has been signed by the ottending parties that the please remove carbon standard mental Hygiene prior to burial, cremation, or ren orked or tem 18 shows any injury, or other troumotic ev	CERTIFICATION	19a DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ERE FINDING				
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TAL OR He have the horten post of the percentage		Herry Kll	lan M	71-121	fon	& dlevattending Physician	MEDICAL STA	FF CIAN []	12/	3/86			
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e e	death	DEC	-4 AMPE	TEASED NAME FIRST PATRIC		O'NEIL	DEC 21	St 86 .16.10m
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9e 4	ector, rs ofte		1	MALE	CAUCASIAN	OCT 16th Seb	2 montes mo	DAYS HOURS MIN.
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AND 2	filled i	35		MD PAR COUNT		134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	De 2103/
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	100	1	1.2	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED				
P. E.	0.5	E	14.6	IMMEDIATE	CAUSE (a) CART	TITE ARES!		INMEDIATE.
PRESTON,ST.	mend to cort	numatic		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	GENITAL HEA	RT DISEASE	2 mos.
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W.	d by eos ol,	rothe		underlying cause last	(c)	TRISOMY 13		
OS, 20	signed Then ple to burie	njury, o	NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D		ainal disease or condition given	IN PART Train
0	rior	2/2	ATI	19a DATE OF OPERATION	1196 CONDITION FOR WHICH O	DPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF YES. V	VERE FINDINGS USED
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law required the other physician.	perm perm	3	CERTIFICATION	THE OT OF ENTITION			IN CERTIFYII	NG CAUSES OF DEATH?
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> X X	inficate I-tronsit al Hygi	8 /	_	OR CONTRIBUTING CAUSE OF DEATH		Y YEAR	(ENTER NATURE OF INJURY IN ITEM IS PART	1 OR PART 2)
N OF		Feat	S	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19		
HYS of	this of Me	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
VIS G P	t the	morked	Σ	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FA	RM, ETC.)	CIT OK TOWN	JIMIC .
a Z o		8		22a.1 certify that (1) (this hospital	ottended the deceased from	16.001 1986	10 21 - DEC 19	86 that (I) (we) last
EN La	OR	si is		sow the deceased alive an above ([1]) (we) (did) (did not)	16 DEC 19 5	6 . and that in (my) (aur) apinian	death occurred an the date and haur o	nd from the couses stated
R ATTE	DIRECT Sched f Dept. o	E		22b. SIGNATURE	view the body after death.	DEGREE		22c. DATE SIGNED
0 e	200	#		THE SIGNATURE (12)	11.	P D CI ATTENDING	MEDICAL STAFF	
TAL	RAL	ž		1 10 100,0		The state of the s	DIRECTOR   PHYSICIAN	21.DEC-86.
SPI P	be S	IA!		228. PHYSICIAN'S NAME (TYPE OR P		22e ADDRESS		
H	Should be deto	MPORTANI	-51	PROINNSIAS	O'CROININ	2981, SOLOM	IONS IS. RD. EDGE	VATER MD.21037
of of of of	D 43	3	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE , 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
BF	p			SPECIFY) Barrial	12/23/86	Cate of Union	CITY OR TOWN	Most 1916
Di			24 FI	JNERAL DIRECTOR	, , , , , ,	250 041	TE REC'D. BY REGISTRAR 25b. REGISTRA	P'S SIGNATURE
	H - 16 60M			NAME	ADDRESS	Kidsely, nFr	0 - 4000	
	(VRA 15, 4)		1	IARDESTY E	UN TRAIE Y	the ma	23 1980 Julia Di	many. Knidall



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE BEGISTRAR DEC MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME 20. DATE KNOWN X 76 HOUR LIYPE OR PRINTS ESTI-Quaniece Lashonda Orange DEATH MATED 1986 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX DATE OF BIRTH IF LINDER 24 HRS DATE 2d. HOUR 9:41 a.m LAST BIRTHDAY) PRONOUNCED Female 12 Black 1086 84 DEAD 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OF MARRIED NEVER MARRIED W FOREIGN COUNTRY) Anne Arundel County, U.S A Germany DIVORCED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) Glen Burnie North Arundel Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Glen Burnie, Md 21061 13d INSIDE CITY LIMITS? BALTIMORE, MD. 2120 A. A. Maryland Glen Burnie NOX 8069 Green Orchard Road T4 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Horace Orange Jacqueline Murray 166 SOCIAL SECURITY NO. GlemanBurnie, Maryland 21061 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) Jacqueline Murray 8069 GreenOrchard 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Blunt Trauma to Head USED AS A BURIAL-TRANSIT PER OF HEALTH AND MENTAL HYGIEN RIAL, CREMATION, OR REMOVAL IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 to CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 11 PRIOR TO BURIAL, 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 6: 30xx. 12-2 subject was assaulted 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. II. LOCATION Aptcount 4 STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK 8069 Green Orchard Rd., Glen Burnie, Anne Home Arundel Co., Md. Autopsy XX 220 I certify that I took charge of the remains described above, held on Homicide XX Undetermined monner EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, I BALTIMORE, M 12-3-86 Assistant Dennis F. Smyth, M.D. 111 PEnn St., Balto., Md. 21201 Burial 12/6/86 Carroll Cemetery Robertsville Jasper 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATU **DHMH - 17** Raymond e. Fink Glen Burnie, Md 21061 (VR A15 ME (5))

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-4 4 P	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIE	
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VD 212	130.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 COUNTY 136. COUNTY 136. INSIDE CITY LIMITS? 136.STREET ADDRESS / ZIP CODE	21403
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BALTIMORE, solution and column and column and column and column. Pages 1 you.		NO H95-36-5902 Kohert M. Overstreel Jr.	- #13
AL it		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), (b), and (c), (b), and (c), (c), (c), (c), (c), (c), (c), (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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s that the derect by the article cremotic cremotic or after troub		underlying cause last. (c)	
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TTEN pital TOR for us		sow the deceased alive on 12/124 19 and that in (my) (aur) aginian death occurred on the date and house	
A S D D + E		abave, (1) (we) (did) (did pat) view the body after death.  27b. SIGNATURE  DEGREE	
the h to DIRI		ATTENDING MEDICAL STAFF	221 DATE SIGNED
		PHYSICIAN DIRECTOR PHYSICIAN	11/12
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5 g 5 g g	23a. I	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	Taker > III
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DHMH - 16 60M 7/84	2	UNERAL DIRECTOR  250 DATE REC'D. BY REGISTRAR 256, REGIST  ADDRESS.	
(VRA 15, 4)	LIO	Extor Funeral Chapel- Annapoles MD JAN 5 1987 Julia	Divideon-Kandalla

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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH WEGISTRAR REG NO PEASED NAME 2n DATE OF DEATH 2b. HOUR PE CHENNING IF UNDER 1 YEAR STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR LIE NOT IN SUCH FACILITY, GIVE STREET ADDR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 136. STATI 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17 INFORMANT (YES. NO OR UNKNOWN) I IF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). PRESTON AS A CON A QUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost plec 0 IDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS CERTIFICATION 0 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? ò IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ Hygie sho 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH uriol-tr LIFETHER NOTIFY MEDICAL EXAMINER) P.M MED 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION 0 CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK 228.1 certify that (1) (this haspital) attended TO FUNERAL DIRECTOR: , should be detached for use with the State Dept. of Hea and that in (my) (our) opinion death occurred of the date and hour and from the causes stated well (slid) did not) view the body ofter death DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN I DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE ITY OR TOWN BP. 74 FUNERAL DIRECTOR DHMH - 16 50M 1/81

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STATE OF MARYLAND

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		DOVISION OF VITAL RECORDS, S. CERTIFICATE SHOULD BE EXECUTION THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUNG TO BE CHEALTH A BUNG TO BURGALLY OF HEALTH A BUNG TO BURGALLY, CREMATIN	CERTIFICATION	190. DATE OF OPERAT	ION	196 CONDITION FO	R WHICH OPERA	TION WAS PERFORME	D?		2	D AUTOPSY?
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	9	MINER: THIS CERTIFICATE FICATE, WRITING THE W TE FORWARDED TO THE TER. PAGE 3 SHOULD B H THE STATE DEPARTMEN 'LAND, 21201 PRIOR TO B	MEDICAL	214 INTURY OCCUPRE	D	21e PLACE OF INJU	RY (AT HOME,	211. LOCATION				
	2	SCEENS CE	A.	WHILE NOT W	VHILE [7]	STREET, FACTORY, FARA	A, ETC.)	STREET	CITY O	NWOT	COUNTY	STATE
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		ATE, ORV		22a. I certify that I t	aok charge of ti	he remains described a	bove, held on	Autopsy , In	spection Inqu	iry . ond	f in my opinio	n
		EXAMINER: CERTIFICATE OUD BE FOR I, WITH THE		death resulted from:	Natural cas	uses . Accide	Suit	ide , Hamicide	Undetermined	I manner		
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		E30548	230	SPECIFY)	MOVAL 236 DA	ATE 23	NAME OF CEN	ETERY OR CREMATORY	23d. LOCATIO	N	COUNTY	STATE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED WIDOWED 17h KIND OF BUSINESS OR

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) HOUR A.M. MONTH DAY YEAR

> and that in my DEGREE

CITY OR TOWN

(our) opinion death occurred on the date and hour and from the causes stated

2b HOUR

DAYS

ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 22c DATE SIGNED

22e ADDRESS 23b. DATE

211 LOCATION

230 BURIAL, CREMATION, REMOVAL SPECIFICURIAL

12/6/86

CEMETERY OR CREMATORY Dor. Mem. Park

CITY OR TOWN Cambridge

Dor.

COUNTY

Md.

STATE

24 FUNERAL DIRECTOR

CAMBRIDGE MD. THOMAS FUNERAL HOME

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Depresessor

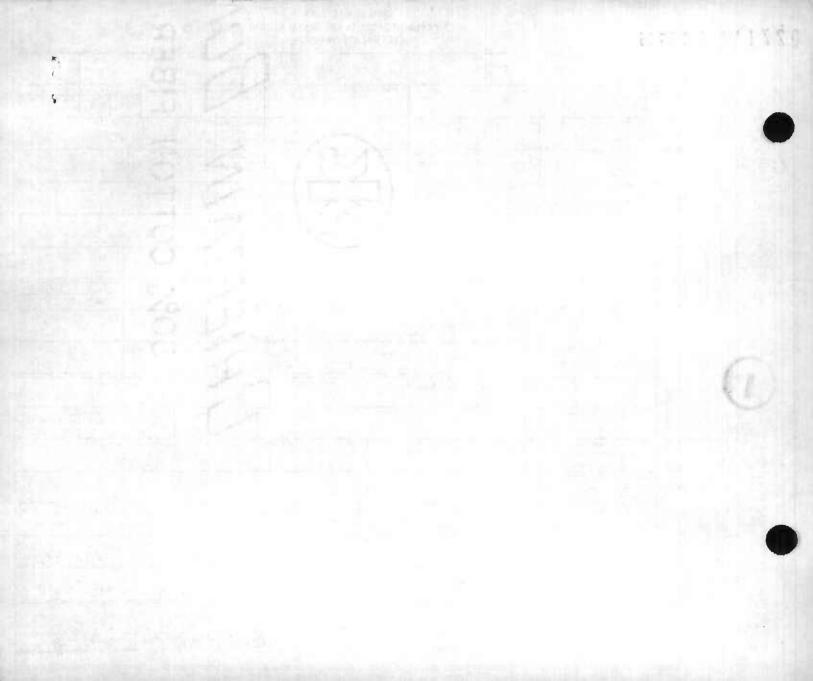
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Spirto CTO CTO I for of h		sow the deceased	alive on	t) view the body	after death.	19 86	and that in my	Jour) opinion de	eath occurred on t	ne date and ha	our and from the	couses stated
OR A DIRE DIRE Dept		226. SIGNATURE	)	01-			DEGREE				22c DATE	SIGNED
AL AL det		·a	U	Colle	4	1	10	PHYSICIAN	MEDICAL DIRECTOR PH	STAFF YSICIAN [	12/	20/8%
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5 € 5 € 3 <b>₹</b>		URIAL, CREMATION, RE	MOVAL	23b. DATE		23c NAME OF	CEMETERY OR	CREMATORY	23d LOCATION			
BP		BURIAL		12-23-	1986	FT. LI	NCOLN C	EMETERY	BRENT		P.G.C.	Md.
DHMH - 16 60M 7/84	24 F	JNERAL DIRECTOR				DRESS			REC'D. BY REGIST		STRAR'S SIGNAT	TURE
(VRA 15, 4)	1	W. CHAMBI	ERS	20.		DALE. M	. 2073	DEC	2 9 1986	Julia	Dividen-	Kandall .

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STATE OF MARYLAND

HARDESTY FUNERAL HOME 12RTDGELY AVE. ANN. MD

(VRA 15, 4)



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		EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: WITH THE MARYLAND		death result	•	rge of the remains d ural couses ,	Accident		ncide .	Hamicide	Undetermined		and in my	apinion	
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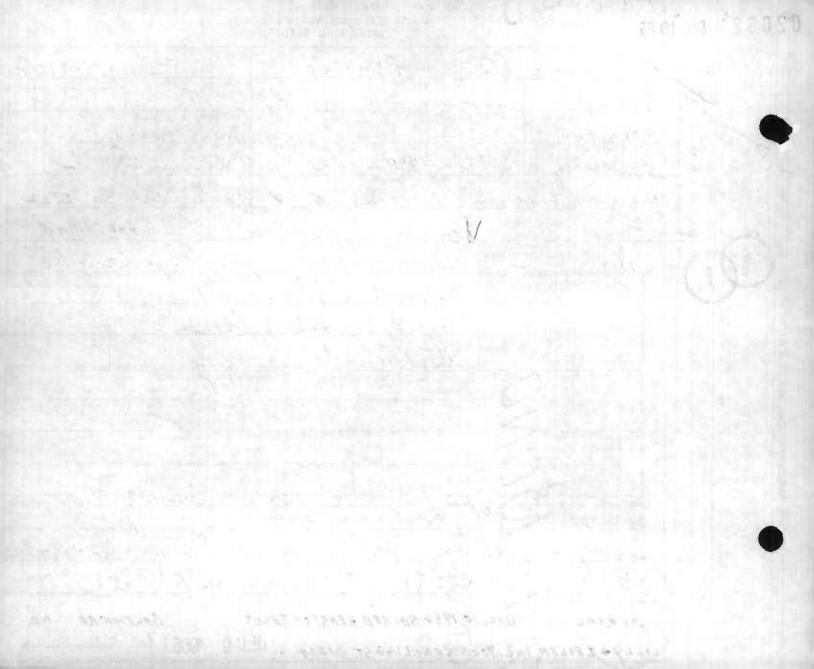
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DIRECTOR FOR TAXAN	male	white	M4 18	1926	60 YRS.	ONTHS DAYS	Hours		DEAD	1:	2-19	1986	6:45 p. M
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A PROPERTY OF		Beach		near Ha	arlem R		NOIT	1	occupation Guilli		ORK 12b KIN	ND OF BU	SINESS
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AMINEE T THYCATE, 1 BE FORW BECTOR: P THY THE ST REMAND. 2	100	ertify that I took charg	and the same of th	ribed above, h					Inquiry ,	Cond in m	Md.		
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DHMH - 17 (VR A15 ME (5))	24. FUNERAL DIR	ECTOR .1-Wiedefe	Ld Home	6500 Y	ork Rd.				986 1.				

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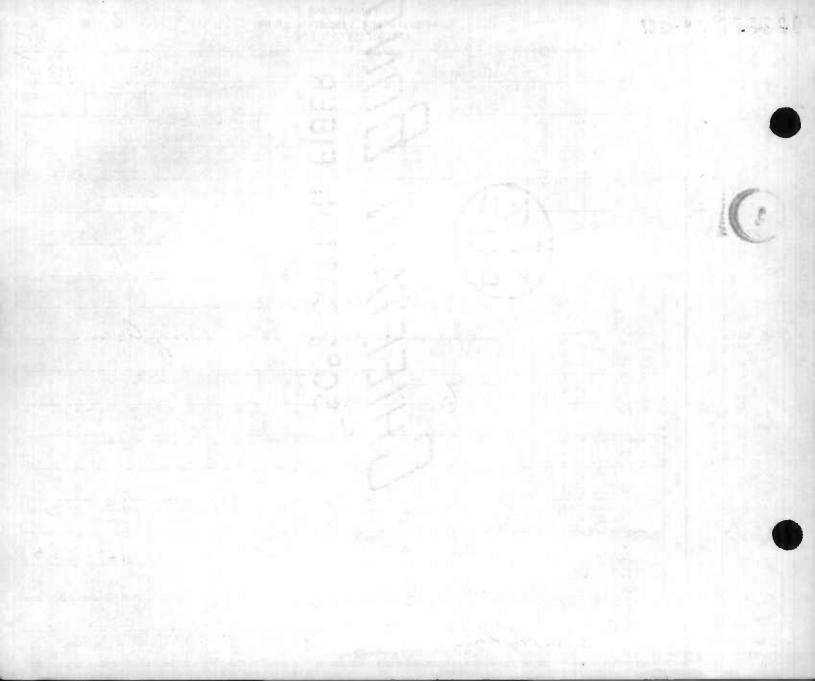
Francisco de 1900 de 1

DEC 10 06 STATE   LOST   CERTIFICATE OF DEATH   REG. NO.  1. DECEASED NAME FIRST   MIDDLE   LAST   REG. NO.  1. DECEASED NAME FIRST   MIDDLE   REG. NO.  1. DECEASED NAME FIRST   REG.	
REGISTRAR  1. DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOU  2. PLUMET 12 07 86 10  2. PLUMET 15 DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER YEAR IF UNDER	*
(TYPEOR PRINT) Marie B. Plumer 12 0786 10	
Marie 13. PLUMET 12 07 86 10  RACE S DATE OF BIRTH 6 AGE (INYEARS LAST BIRTHDAY) IF UNDER 1 VEAR IF UNDER	RUE
E S DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER	AM
	2 4 1100
Female Caucasian 3 13 05 8 YRS MONTHS DATS HOURS	MIN.
IRTHPLACE STATE OR FOREIGN 1/2 CITIZEN OF WHAT COLINTRY 8 9 RAITIMORE CITY OR COLINTY OF DEATH	
MARYLAND U-S.A. WIDOWED DIVORCED ANNO Anunde CO	440
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   126 KIND OF BUSINE	MD.
IF NOT IN SUCH FACILITY, GIVE STREET ADDRESSY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
2 N ARULINO Anne Armed Pasadna YES NO 1868 Cedar Rd 2/12:	2
MARYLINI Anne Arynd Pasadna YES NO 1868 CCCAR RC 21/22	
AND TO	
W 3 . 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SQUAL SECURITY NO. 17 INFORMANT ADDRESS	
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
1 12 NO - 1212-07-14/0 ANNE Marie 1868 Ceder Rd	
18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  PART I, DEATH WAS CAUSED BY:	DEATH
immediate Cause (a) Concernial hours failure	
DUE TO, OR AS A CONSEQUENCE OF	
Conditions, if any, which gove rise to immediate	
couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF	
inderlying cause last (c) alteroclosure last	
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NO DESCRIPTION OF A STATE OF OPERATION OF A STATE OF OPERATION OF A STATE OF	
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 199 DATE OF OPERATION CAUSES OF DEAT	
YES NO YE	]
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OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  If FEITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d INJURY OCCURRED  AND WHILE CONTROL AND STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN COUNTY ST	ATE
WHILE NOT WHILE ON AT WORK ON AT	
Q Q E 122a   certify that (i) this hospital) attended the deceased from 1	we lost
saw thredeceased alive on above (i) we) (did) (did not) view the bady after death  Saw thredeceased alive on above (ii) we) (did) (did not) view the bady after death  DEGREE FOR RYADATE SIGNED	ated
DEGREE TO TAL DATE SIGNED	-1
ATTENDING PHYSICIAN (2-07-	86
PHYSICIAN PHYSIC	
THENDING THE PROJECT OF THE PROJECT	52
130. DURIAL, CREMATION, REMOVAL 130. DATE 131. NAME OF CEMETERS OF CREMATORY 130. LOCATION	75
BP BURIAL DEC. IC. 1986 SACRED HEART OF JESUS BALTIMORE ME	
DHMH-16 60M 1/75  24 FUNERAL DIRECTOR NAME ADDRESS  250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	
(VRA 15(4)) LILLY + ZEILER, INC. 7005. CONKLING ST. 21224 UEG 986 Julia Divideon. Rando	o.



1029-3.70 JAN		REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 3 3 /	e.s.
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d deg deg		Hazel		eanette		irdue	Decembe		0
or. p	3. SE		4 RACE		5. DATE O	OAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS	MIN.
oge oge		Female		nite	Janua	ry 4, 1919	67	YRS	
death. P	N	RTHPLACE (STATE OR FOREIGN COUNTRY)  Saryland	US	WHAT COUNTRY?	WIDOWE		Anne Aru	ndel Co	M
. 1154		Glen Burnie	North	n Arundel	Hosp:	rother institution	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Buyer	126. KIND OF BUSINESS INDUSTRY Penn Fruit	
AND 212	130	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU!		GIVE RESIDENCE BEFORE	N	134 INSIDE CITY LIMITS? YES NO 🛣	13e STREET ADDRESS / Z 128 South B	ridge Dr. 21061	
MARYLAND	b	ATHER'S NAME Roy	MIDDLE M.	Johr	nson	15. MOTHER'S MAIDEN NAME FIRST Edith	WIDOLE	Weichert	
TIMORE, Popes			RMED FORCES? VE WAR OR DATES) NA	215.12.3		<sup>17 INFORMANT</sup> (Sis Mrs. Bertha E		Same as #13	
DS, 201 W. PRESTON quires that the death c signed by the attending the please remove control burial, cremation, or to burial, cremation, or ijury, or ather traumatic	NC	Conditions, if any, which gove rise to immediate cause to; stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	NCE OF	Costructo NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TON GIVEN IN PART 1:0	
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	YES NO	106. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO	?
NG PHYSICIAN: The law require oftending physician.  After this certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to be arked or frem AR shows any injury arked or frem AR shows any injury.	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	P. 21e PLACE	M. MONTH DA M.	19	216 HOW INJURY OCCURE 211 LOCATION STREET	RED (ENTER NATURE OF INJURY II  CITY OR TOWN		TE
DIVIS TENDING (tal or oth OR: After or use as th f Health ar		WHIE NOT WHIE 21 WORK 21 Certify that (1) (this hasp sow the deceased alive or	italiattended th	e deceased from	2,10	d that in firm (our) apinion	to Coca 3	and hour and from the causes state	los
HOSPITAL OR ATT ined by the hospital that I DIRECT in the distoched for the Dept. of		obove, (I) (We) (did) (did no 276 SETTINATURE 276 PHYSICIAN'S NAME (TYPE O Jerry D. Ska	OR PRINT)	offer death.		ATTENDING PHYSICIAN 270 ADDRESS 3708	MÉDICAL STAFF DIRECTOR□ PHYSICIAI Mountain Roa	12 DATE SIGNED 12 - 31 - 8 d	6
OT STATE	23a	BURIAL, CREMATION, REMOVAL			IAME OF CE	Pasad  EMETERY OR CREMATORY	ena, Marylan	d 21122	_
BP		Cremation				y Process, In	c. Catonsvil		
DHMH - 16 60M 7/84 (VRA 15, 4)		ngleton Funeral	I Home	Glen Burn	ie, M		E REC'D BY REGISTRAR 256	n. REGISTRAR'S SIGNATURE	

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) helton heen 26 12 86 4. RACE & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 5. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS BLACK MALE 1909 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN MARRIED KINEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED [ DIVORCED [ 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR INDUSTRY ANNAPOLIS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a. STATE 13b. COUNTY 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND A.A. 1629 Severn Chapel 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME JOHN MIDDLE FIRST EMMA Crownsvillepressd. 21032 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT MARTHA QUEEN 1629 Severn Chapel Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO  $\square$ 21a ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OF TOWN COUNTY STREET STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased fram and that in (my) our) apinion death accurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED P.W ATTENDING MEDICAL PHYSICIAN | DIRECTOR | PHYSICIAN 174 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS Nacowas 73¢ NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL MT. TABOR CEMETERY Annapolis Annapolis, Md. 21401 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 REESE & SONS MORTUARY. P.A. Julea Devision Condans (VRA 15, 4)

STATE OF MARYLAND

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U Z 9 4 5 6 JA		REGISTRAR	CERTIFICATE OF DEATH  REG. NO.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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moy er d	3. SE		4 RACE S. DATE OF BIRTH, 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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Pog High		RTHPLACE   STATE OR FOREIGN	THE CHANGE CHANG
( 3C 39 9		Maryland	USA WIDOWED DIVORCED Anne Arundel MD.
10 まま A	10 C	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 LISTAL OCCUPATION 126 KIND OF BUSINESS OR
- 1 # 40/36	0		(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DY
120	- PUSU	AL RESIDENCE (IF NURSING HOME OF	1401 Criddings Hvenue   Clerk . Icleaning
e i les	13a	STATE 13b. COUI	134 CITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS, ZIP, CODE
3 1 14 1-	IA E	ATHER'S NAME	A. Hanapalis YES X NO 1401 Giddings Avenue
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x 1 Feel	114. 3	VAS DECEASED EVEN IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
and page		YES, NO DRUNKNOWN) (IF YES, GI	VE WAR OR DATES) Same as
4 5 4		170	219 16047311 Charles W Keese, Sr. #13
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4 4 4 4 4	1	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF
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GIVISION OF VITAL RECORDS, 20 GIRending physicon, the this certificate has been agree on the Societi many permit. Then pit th, and Mental Hygiens prior to buring orked on them. Solitery, any minry, in	2	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 119
2 110	CERTIFICATION	repass 1	Low Willay /act
1 441	ICA P	196 DATE OF OPERATION	THE CONDITION FOR WHICH OPERATION WAS PERFORMED 2016. AUTOPSY? 2016. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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O SSC STATE	1	(IF EITHER, NOTIFY MEDICAL EXAMINE	a) P.M. 19
S THE TANK	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY    AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET  CITY OR TOWN  COUNTY  STATE
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F 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		saw the deceased alive on above, 41 (we) (did) ( <del>did no</del>	of view the bady after death. , and that in (my) (par) opinion death accurred an the date and hour and from the causes stated
名名 無名を 事		226. SIGNATURE	DEGREE 221. DATE SIGNED
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FUNER FUNER ORTAN		224 PHYSICIAN'S NAME (TYPE	OR PRINT) 22e, ADDRESS
See		PETER 7 V	ERKOULD 148 twest by Anhabilis had 2/401
5 5 5 5 3 34	23a.	BURIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OR CREMATORY 236 LOCATION
BP		remation	Dec 26, 1986 Cedar Hill Suitland PG. my
DUM 14 404 7/04	24.	JNERAL DIRECTOR	250. DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15 4)	Tic	WAME PURENO	A AMORECE

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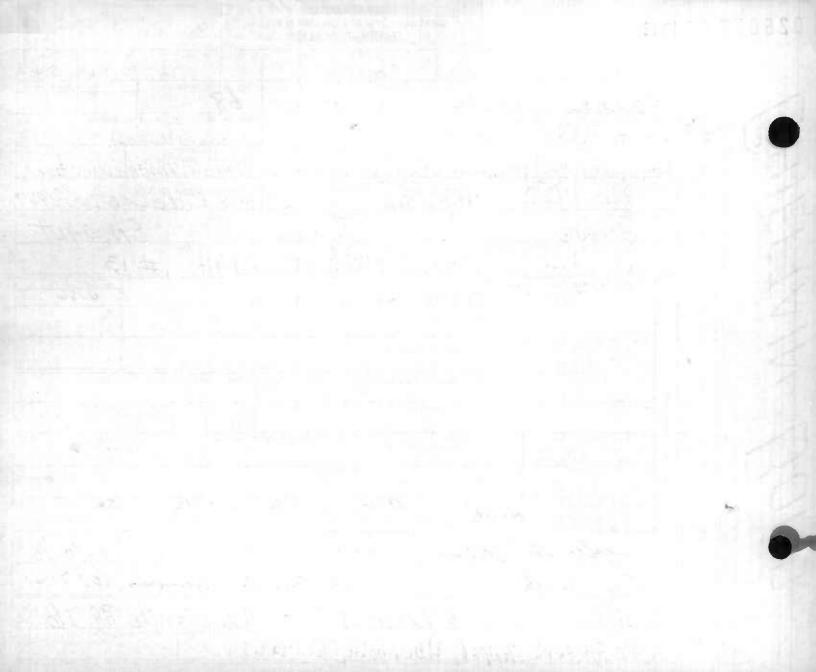
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			CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	10 110 011
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	2 12 N 60	7a BI	RTHPLACE (STATE OF FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8.	IED X NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH	4
		W	45H, 1). C.	USH WIDO	_	Anne 1	Acundal	MD
		10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOM	OR OTHER INSTITUTION	120. USUAL OCCUPATION		D OF BUSINESS OR
0	問題集し	E	lge water, Md.	Dleasant Living	Convalescent Cont	- ScHooh 1	Eneffee EDU	cotion
ND 212	St. hours		AT RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION TOWN	YES NO W	130 STREET ADDRESS.	/ 1 / 0 1	DR. 21037
YLA	1 10 /6/11	N FA	THERE	DDIE STO (AS/ /	15. MOTHER'S MAIDEN NA	ME	0/	tast
WAR	w bed w	1	GEORGE	BEALL	HANES		STEG	VART
IMORE,	n and co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	ED FORCES? 166 SOCIAL SECURITY NO WAR OR DATES) 559 147619	COBERT 6	PhEIGHT ADDRE	# 13	
ALT	sicio ol.		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)		1	BETWI	PROXIMATE INTERVAL
	phy npo movent		PART I. DEATH WAS CAUSED  IMMEDIATE	1110400401	- Breast C	A	4	4-86
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≥	by by li, cre		underlying cause last.	(c)				
, 20	n ple ourio		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	I lio
RDS	The The	o No.						
RECORDS	bee bee	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
ALR	he li hos	TE				YES NO	YES 🗆	NO 🗌
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Ö	HYSICIA nding ph his certifi buriol-h Mental	14	OR CONTRIBUTING CAUSE OF DEATH	P.M. 1				
O	HYS Iding bur Dur	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TO	WN COUNTY	Y STATE
DIVISION	offer offer the street	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	SIRECI	CIT ON TO		2777
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1	TTEN Portol For u		saw the deceased alive on_ above, (I) (we) (did) (did not)	NEUSL 19	and that in (my) (our) opinion	death occurred on the do	ate and hour and Irom	the couses stated
ø	REC Phos		226. SIGNATURE	view the body offer deom.	DEGREE		22c. D.	ATE SIGNED
-	the part of the pa		John M.	Million	MAD ATTENDING PHYSICIAN	MEDICAL STAF	IAN .	2/10/86
-	NER NER TAN	1	224 PHYSICIAN'S NAME (TYPE OR	PRINT	22e. ADDRESS			15:11
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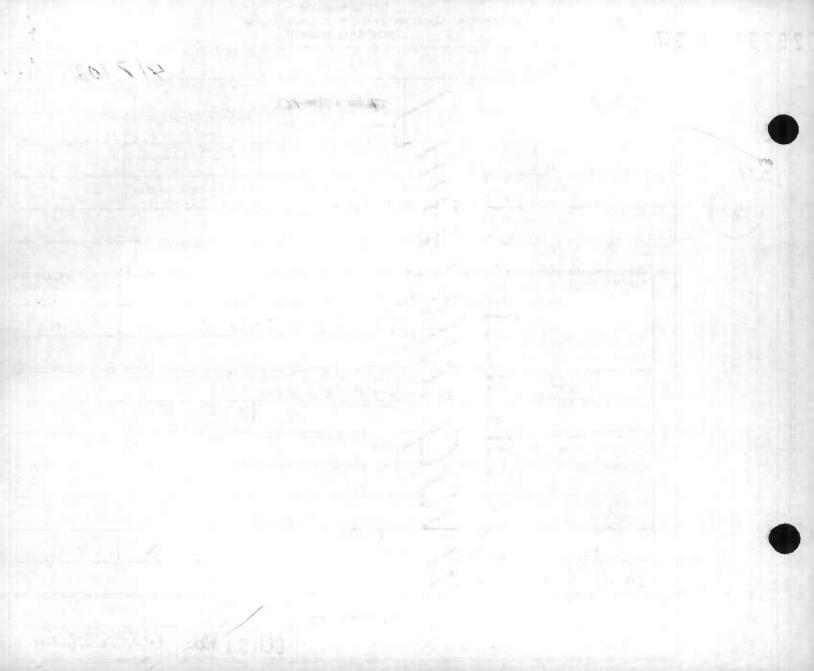
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BURIAL, CREMATION, REMOVAL

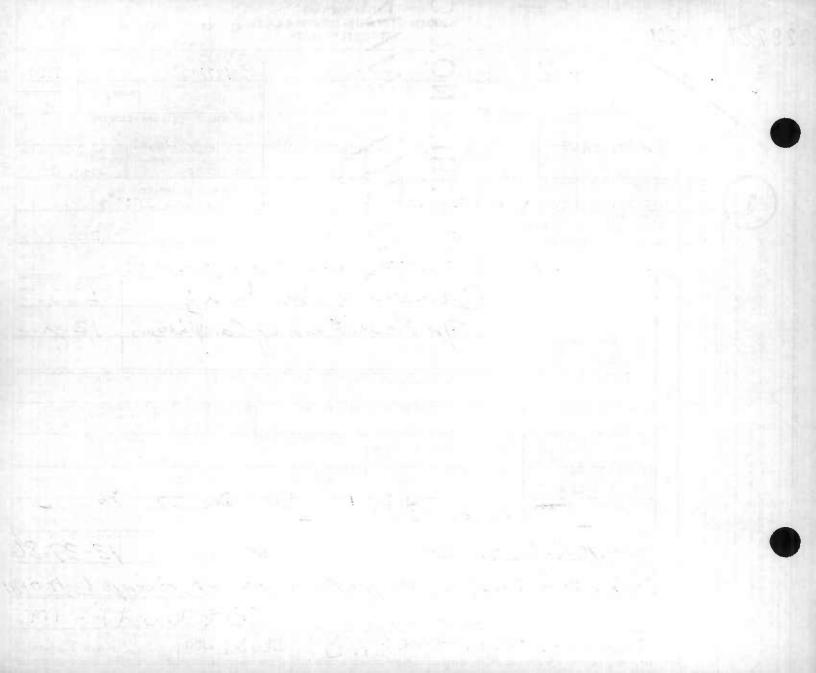
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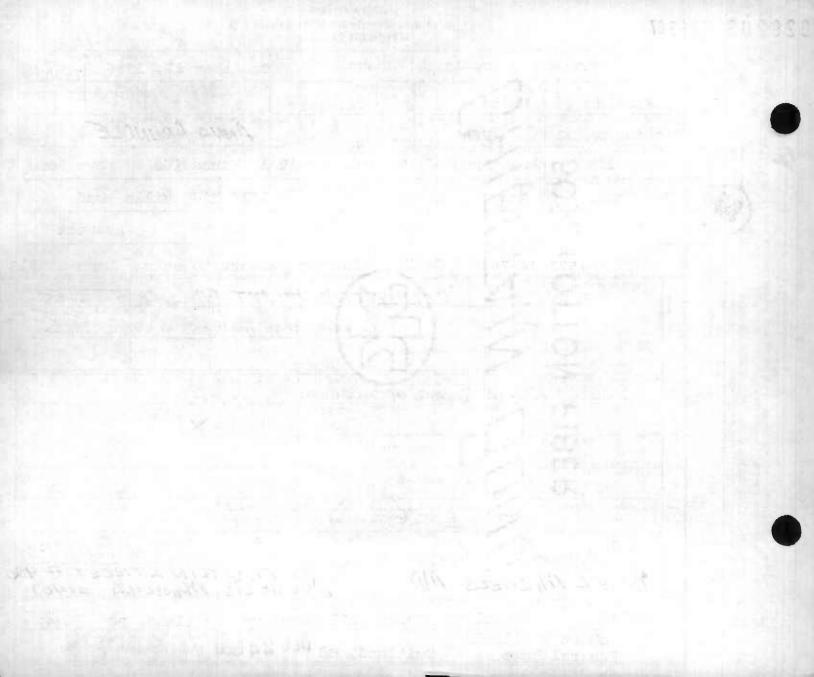


	1	item # 23, FIlm G 623, 1/5/87 I.J. STATE OF MARYLAND
	11.	FOR them 3 per phone DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 5 3 5 7 3
29231 JAN -5	87	REGISTRAR 4/29/87 CERTIFICATE OF DEATH REG. NO.
20201 01111		CEASED NAME FIRST MIDDLE 20 DATE OF DEATH MONTH DA YEAR 26 HOUR
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100	1.5f	A RACE S. DATE OF BIRTH 6. AGE (INVERS) LAST BIRTHDAY)   FUNDER 21 HRS
4 55		MON MAD TI MONTHS DAYS HOURS MIN.
and and	1.3	12 10 16 YRS
# 35 32	1	IRTHPIACE DISTRICT OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
1 1 P		Maryland USA   WIDOWEDX DIVORCED □   Anne ArundelCty. MD.
Wei On	10 C	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  120. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] [INDUSTRY]  121. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [TYPE OF WORK FOR MOST OF WORKING LIFE] [INDUSTRY]
5 743 70	E	Baltimore / L LVA H
21 07/12	MAC	AL RESIDENCE (IF NURSING MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
9 7 13	1 -	
A C C S IN		Baltimore   Maryland   YES KD NO
A MANAGE	6	MIDDLE LAST FIRST MIDDLE LAST
1 222	-	Wesley Randall Carrie Hardesty
O S S S S S S S S S S S S S S S S S S S		WAS DECEASED EVER IN U.S. ARMED FORCES?  166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
IIW		Yes Army 1216-03-3849 Ruth F. Smith 2401 Callow Avo
SAL of the		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
1 1 1 1 1 1		IMMEDIATE CAUSE (0) and Dumphary arest This
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STO me contraction		Conditions, if ony, which (b) DUE TO, OR AS A CONGEQUENCE OF - 1 ver disease 2 years
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X of the cree of t		cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF
201 ed b pleo rriol,		(c)
bS, a	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ORI Pen red	CERTIFICATION	Slage V Mros-fate Cancer
low low	2	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 2016 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
AL The rion	E	YES NO YES NO
VII. T NN: T hysici hysici Tronsit Hygi 18 sh	2	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR PART I OR
o Gertif	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
PHYS endin this of the bur	ě	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME STREET CITY OF TOWN COUNTY STATE
DIVISION OF DIVISION OF THE THIS certification of the buriolist in and Mental orked or frem	Σ	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
A Afr		27a I certify that (I) (this hospital) attended the deceosed from
ATTEN Septial CTOR of for use		saw the decreased glive on 19 and that in (my) (gur) onlying death occurred as the date and how and from the
		abave, (1) (we) (did) (did nat) view the body after death  22b. SIGNATURE  22c. DATE/SIGNED
OR he h		ATTENDING MEDICAL STAFF N 2 2 2 CM
PITAL by t by t ERAL State de de	-	PHYSICIAN DIRECTOR PHYSICIAN 1224 ADDRESS
O HOSPITAL formed by 1		RADRESS (INC. ADDRESS)
O HOSPIIA efoined by TO FUNERA should be de with the Sign		1 1 70 N. U V / O C Y Y
75 6 8 7 7	23a. I	BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE
BP		Burial 1/2/87 Baltimore Nat. Cem. Baltimore Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
(VRA 15, 4)		NAMEW. C. March F. H. 4300 Wabash Ave DEC 31 1980 Julia Dandon-Randone



00007 111	-10	FOR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENT		NE B 6	3 3	3 .5	8 0
Z9 Z9 / JAN -	0.0	7STATE REGISTRAR				CERTIF	ICATE OF DEATI	Н	REG. N	0.		1 1
		CEASED NAME	FIRST	7	WIDDLE		AST	1	O. DATE OF DEATH	MONTH DAY	YEAR	2h HOUR
4 24			Willia	m More	gan	Ren	sburg		12/27/86		19.00	7:30 M
E 22 VS	3. SE			I. RACE		S. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIR	THDAY) IF U		IF UNDER 24 HRS
1 22		Male		whi	te	De	C 27 86	EAR	69	YRS	IHS DAYS	HOURS MIN.
1 147	7a B	RTHPLACE (STATE OR	FOREIGN	b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIE	ED '	BALTIMORE CITY O		DEATH	
4 4 3	10 12	Arthiostopic	RF		HOSPITAL, NURSI		DIVORCE DROTHER INSTITUTIO	ON I	20 USUAL OCCUPATI		126. KIND OF INDUSTRY	BUSINESS OR
201	A:	nnapolis AL RESIDENCE (IF NUR	SING HOME OR	Anno	Arundel	Cone	ral Hosp.		surveyor		wash	. Gas \$
and (2) 105	13a.	aryland	13b. COUN	Arunde:	13c. CITY OR TOV	VN	13d. INSIDE CITY LIM	(X	Boston Av		4	
WW - 100Z	14. F/	Charles	~	MODIE	Remsburo	1	15. MOTHER'S MAID FIRST Ethel		MIDDLE		Bus	ev
MORE, I and co Poges 1		VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC		17. INFORMANT		ADDRE	SS	240	-
ALTIMG te be e icion or sers. Page		es	WW I	Ι	578 05	6762	Margaret	Rems	sburg same	as #13		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed rithin 2 hours of a certificate by sicion.  Viter this certificate has been signed by the offending physicion and compilers there is the buriol-transit permit. Then please remove carbonpapers. Pages 1 and 10 and Mental Hygiene prior to buriol, cremotion, or removal.  In and Mental Bishows any injury, an other traumatic event, the medical remotion orked or them 18 shows any injury, an other traumatic event, the medical remotion.		Conditions, if any gove rise to im couse (a), state underlying cous	mediate ng the	(b)	R AS ACONSEOL	nes	est in	nos	Cagh	origina	12	yrs-
RDS, 20 equires n signe to buri	NO	PART 2. OTHER SIG	NIFICANT C	onditions <u>c</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART Tra	
TAL RECOI	CERTIFICATION	190 DATE OF OPERA	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WIN CERTIFYIN	G CAUSES C	GS USED OF DEATH?
YSICIAN: T ding physic: S s certificate burial-trans Mental Hyg		210 ACCIDENT WAS UP OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEAT	n	OF INJURY .m. Month D .m.	AY YEAR	21c. HOW INJURY (	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM TO PART	1 OR PART 2)	
IVISION G PHYS offendin ster this c s the bu	MEDICAL	21d INJURY OCCUR	RRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC )	211 LOCATION STREET	~ .	CITY OR TO	WN	COUNTY	STATE
ATTENDIN spital or CTOR: Afr for use o of Health		220 I certify that (I saw the decea above, (I) (well	sed alive an_	Dec-1		SG !	nd that in (my) (aux) o	apinion de	oth occurred on the de	ate and hour or	d from the co	ouses stated
At OR At the horse the horse detached ore Dept.		Gay /	? Rich	aules	2. M.D.			DING CIAN (4	MEDICAL STAI	FF CIAN []	12- Z	1GNED 25-86
TO HOSPITAL retoined by the TO FUNERAL should be detoined by the With the Store IMPORTANT: If		74RVI	M, KI	LRAR .	SON, V.	n.D. 1	220 ADDRESS O4 FOR 6	les S	pert,	Bouns	00/13	mdz140
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DHMH - 16 60M 7/84	24 F	UMERA) DIRECTOR	wh.	Francis	30, 86 F	ort L		250 DATE	REC'D. BY REGISTRAR	1 . 0 2	- 4	A .
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	w <del>+</del>		Mildred				Rosent		The Date of Death		20.11001
oy b	poge 3	3. SE		I4 RACI			5. DATE O		6 AGE (IN YEARS LAST BIRT	12-27-86 HDAY) IF UNDER 1 YE	FAR IF UNDER 24 HRS
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960	direct	7- 0	Female  IRTHPLACE (STATE OR FORE		ucas:	HAT COUNTRY?	9 -	- 13 - 1895	91	YRS. R COUNTY OF DEATH	
4	64 ZE	70.0	COUNTRY)				MARRIE	D NEVER MARRIED			
deo	1 P	10.0	Maryland			States	WIDOWE	DR OTHER INSTITUTION	Anne Arund		MD.  D OF BUSINESS OR
الله الله	led the		napolis	(IF I	NOT IN SUCH	FACILITY, GIVE STREET	ADDRESS)	nt Center	(Type of work for most of Bookeeping	WORKING LIFE) INDUST	
2120	e e ii	USU	AL RESIDENCE (IF NURSING STATE	HOME OR OTHER IN	STITUTION C	GIVE RESIDENCE BEFOR	E ADMISSION)	A 12 L IN COIDE CITY I MAITCO	13e STREET ADDRESS /		
ND 24	聖る			A. A.		Arnold	N	13d. INSIDE CITY LIMITS?	472 Centur	y Vista Dr	./21012
YLA		_	ATHER'S NAME	-				15. MOTHER'S MAIDEN NA	ME	7 . 2004 22	7 2 2 0 2 2
AAR b		C	arrie	Lee		Scrimge	r	Edith	MIDDLE	Gepha	rt.
E, A	2 2 2		WAS DECEASED EVER IN			166. SOCIAL SECL		17 INFORMANT	ADDRE		
BALTIMORE, MARYLAND 21 cate be executed within 24 ho	Pages Pages		(yes, no or unknown) (1	IF YES, GIVE WAR OR	R DATES)	212-10-	8792A	Jean Pirkle	(Same as #	13)	
3ALT	1		18 CAUSE OF DEATH	Enter anly ane o	ause per l	ine for (a), (b), ar	id (c).)	1	- 1 0	BFTWE	ROXIMATE INTERVAL EEN ONSET AND DEATH
			PART I. DEATH WAS	MEDIATE CAUS	SE (0)	erebro	1002	culor oc	addell		
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y tod	d by the leose rei iol, crem or other		underlying cause	last.	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	signed hen plei to burio ijury, or	2	PART 2 OTHER SIGNIFI	CANT CONDIT	TIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	T la
0000	been mit. T prior t	CERTIFICATION	19a DATE OF OPERATIO	N 198	CONDI	ION FOR WHICH	OPERATIO	IN WAS PERFORMED	20a AUTOPSY?	206 IF YES, WERE FIN	ADINGS USED
NE O		표							YES T NOT	IN CERTIFYING CAU	ISES OF DEATH?
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0	Sho To	230	BURIAL, CREMATION, REA	MOVAL 23h	DATE	123,	NAME OF C	EMETERY OR CREMATORY	123d, LOCATION		
	3P	230	ISPECIFY Burial					Cemetery	CITY OR TOWN	COUNTY	STATE
	or			. BARRA			- 11110		Baltimore TE REC'D. BY REGISTRAR	, MD 25h REGISTRAR'S SIGN	NATURE
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	pag er de	3. SE		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	
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8	the certo		gave rise to immediate cause (a), stating the	DUE TO	OR AS A CONSEQUE	NCE OF				
≥	that the d by the lease rerial, crem ar other t		underlying cause last.	(6)	ok as a conseque	1402 01				
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	Spirto CTO for of h		saw the deceased alive a abave, (1) (we) (did) (did)	ot) view the bod	y offic death.	0 . 01	nd that in (my) (aur) apinion o	death accurred on the date and ha	ur and from the	a causes stated
	DR he		32h SIGNATURE	1	7/		DEGREE	/		SIGNED
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4 10 4 /	14 E	ATHER'S NAME	E LAST	15. MOTHER'S MAIDEN NA	AME	
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The rician strong show	E				YES NO	YES NO
N SO DE 8	a)	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	EAR 716. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)
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	à	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
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ヹ 」 まっ主 。		220.1 certify the (1) this hospital) of	stranded the decensed from	JULY 10 35	12/20	, 19 86, that (Dwe) lo
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ATT SSPI SSPI d fo d fo m 2		sow the deceased olive on above (I) we) (did) find not he	w the body after death		Geom occorred on the date of	
OR / ne ho DIRE ached Dept		22h SIGNATURE	001.0	PEGREE	SAMEDICAL STAFF	22c. DATE SIGNED
- + + 0			2 CAPUL	MD ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	0 12/24/81
HOSPITAL ined by the FUNERAL old be detected in the State ORTANT:		224 PHYSICIAN'S NAME (TYPE OR PRIN	n <sub>1</sub> /	22e ADDRESS		
		Gregory S. N	eilleulde.	134 Overson	110 Rd 1,20t 6	Liver MD 2077
Or of Short	22-				123d LOCATION	
		(SPECIFY)	14	OF CEMETERY OR CREMATORY	CITY OR TOWN	) COUNTY STATE
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DHMH - 16 60M 7/84	24. F	UNERAL DIRECTOR	HNNAF		TE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
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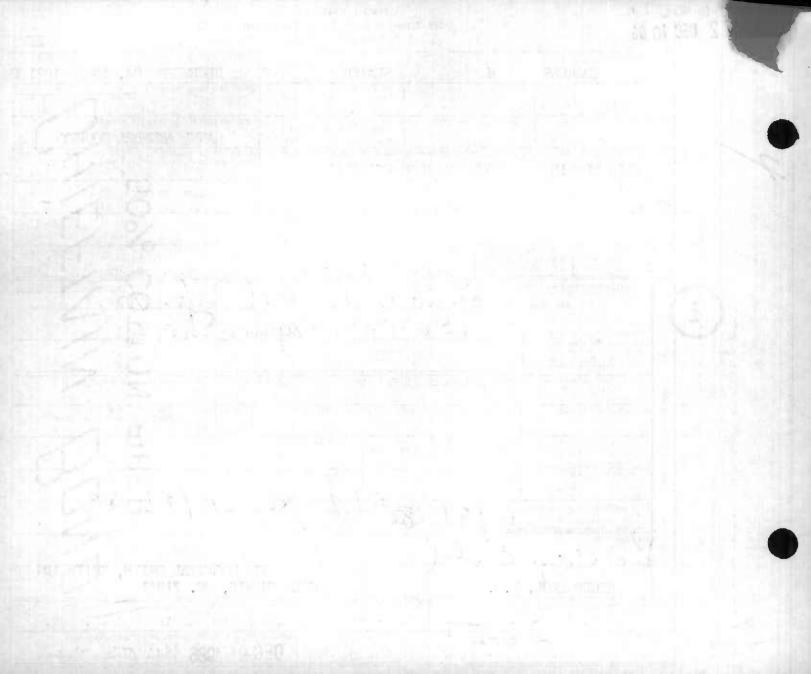
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 STATE MEDICAL EXAMINER'S CERTIFICATE OF D BEGISTRAR REG. NO DECEASED NAME KNOWN IX 2e. DATE (TYPE OR PRINT) ESTI-DEATH MATED 27/19 86 George Joseph Shepeta DEC 4 RACE IF UNDER 1 YR. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED JUNE 21,1925 DEAD DECEMBER 27 MALE WHITE 61 1986 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA U.S.A. WIDOWED [ DIVORCED Anne Arundel County, O. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! North Arundel Hospital Glen Burnie DISABLE VET NONE USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN MARYLAND ANNE ARUNDEL NO I GLEN BURNIE 1021 FITZALLEN ROAD 21061 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST LAST JOHN CHRISTINA SHEPETA KRUPIZA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) YES W.W. II 200.20.0478 HENRY SHEPETA (BROTHER) SAME AS 13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AND MONTH DAY YEAR UNDERLYING TOOR 7:35<sub>P.M.</sub> 12/ 27/986 subject pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY SATHOME. 211 LOCATION roadway WHILE AT WORK Rt. #2 & Fitzallen Rd., Glen Burnie, Md. Autopsy X 22e. I certify that I taak charge of the remains described above, held on Inspection Inquiry and in my apinian death resulted from 7 Natural causes Undetermined manner Hamicide Assistant MEDICAL EXAMINER 12/28/86 EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY BURIAL DEC. 31, 1986 MARYLAND VETERANS CEM. CROWNSVILLE A.A. MD. 07/84 25AA 250. DATE REC'D. BY REGISTRAS 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTO DHMH - 17 (VR A15 ME (5)) SINGLETON FUNERAL HOME, GLEN BURNIE, MD.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH 2b. HOUR 5. DATE OF BIRTH A AGE LIN YEARS LAST BIRTHDAY IF LINDER 1 YEAR IF UNDER 24 HRS JAN MONTH WHITE Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** ESTATE OR FOREIGN MARRIED NEVER MARRIED MARYLAND STATES WIDOWED V DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR LITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY IMME WAKER HOME 130 STATE 136 COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? 21676 NO Y MARYLAND ITMAN Box 124 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE KUDOLPH KRAUTER LIZABETH 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) SAME AS 13 A-E THOMAS E. MADDEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 CERTIFICATION 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 285. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO [ YES [ 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 6 CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC ] NOT WHILE 22a.1 certify that (1) (this haspital agended the deceased from saw the decased use an above, (I) (we) (slid) aid not) view the body after death. , and that in (my) (dur) apinion death occurred on the date and hour and from the causes stated SIGNATURE Mchan ATTENDING should be deta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS AME TTYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION REMOVAL 23d. LOCATION 23b. DATE (SPECIFY) BP JURIAL 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4) ASADENA, MD 21122

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

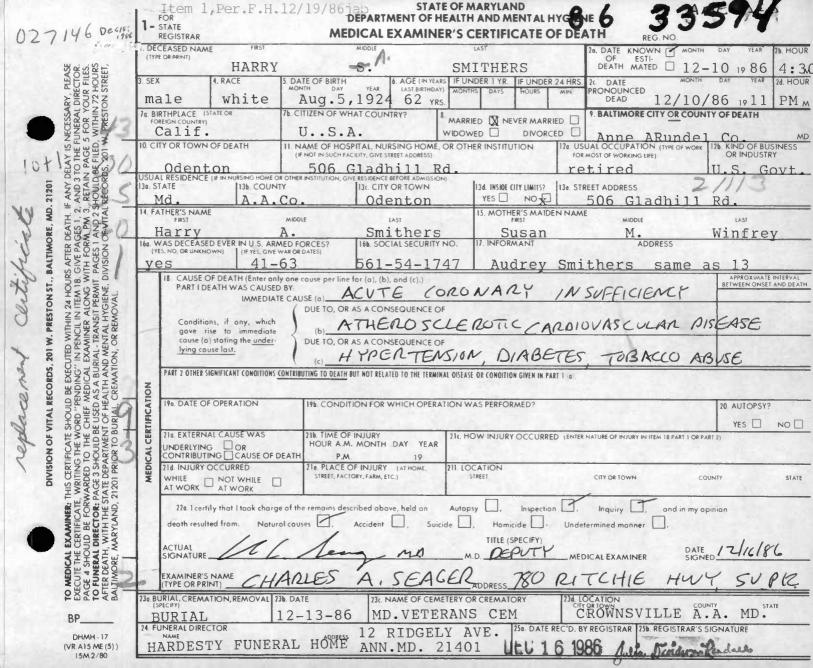


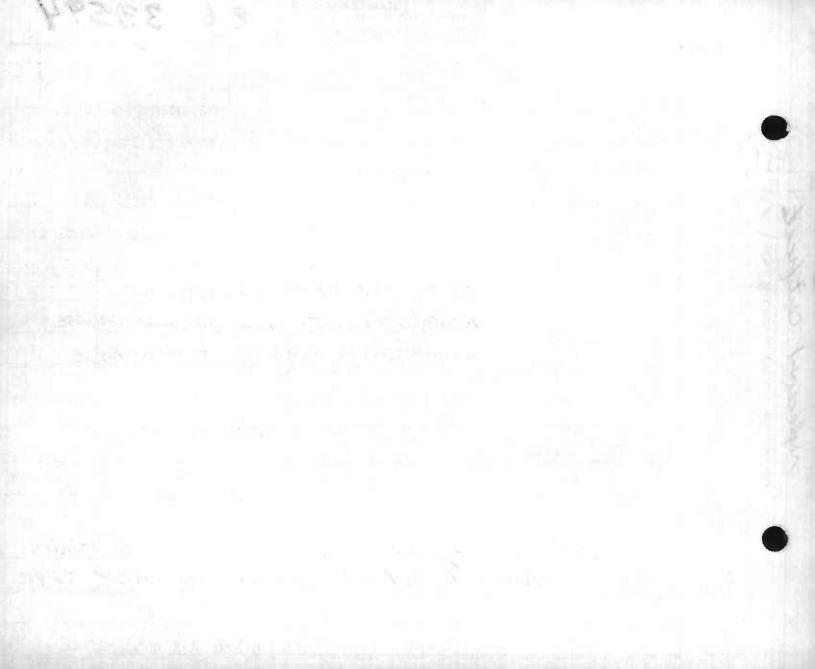
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ti.	A SE		PART I DEATH WAS	CAUSED BY:	Λ	504/24						APPROXIMAT	
- 6	A SERVE A		1/	MMEDIATE CAU	SE (a) OR A	S A CONSEQUENCE	05				/	MINU	(6)
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	i justi	AL RESIDENCE VI NURSING HOME OR OTHER	Anne ARU RINSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSIONI	Domeslic	
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icote t		18 CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	e couse per line for (a) (b), ai		0 5	APPROLIMATE INTERVAL SETWEEN ONSET AND DEATH
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s the			(c)	DEATH BUT NOT RELATED TO THE TE	DAAINI AL DISSASSATO CONDITION	CIVEN IN PART 1:-
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OR ATT OR ATT DIRECTO Sched fo Dept of H Hem 21		226 SIGNATURE	ine body direct death.	DEGREE	AMERICAL CYASS	22c. DATE SIGNED
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O o o o o o o o o o o o o o o o o o o o	23a E	BURIAL CREMATION REMOVAL 23	b. DATE 0 (00) 23c.	NAME OF CEMETERY OR CREMATOR		COUNTY 2140
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	b	Penn.	USA MARRIED NEVER MARRIED Anne Acunde	MD.
11/3/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IF NOT IN SUCH FACILITY, GIVE STREET, ADDRESS)  12b. KIND OF BUSINES.  [I'VE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY]	S OR
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ALTIMORE.	1		we war or dates) 5/08 Misty Drive Lanham, Md.	
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DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN. The law requires th offending physician the this certificate has been signed is as the building and permit. Then plea th and Marriol Hygiere prior to buriol acked or from 18 shows any infury, acc	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	H?
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E 6 0 9 4 5		sow the decorned above on.	I and that in (MyT)our) apinion death accurred on the date and hour and from the causes state	led
大名		774 SIGNATURE	DEGREE 270 DATE SIGNED	
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POSPILL PERSONAL PROPERTY PERSONAL PROPERTY PERS	1	22d. PHYSICIAN'S NAME (TYPE OF		-
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51 52131	23a	BURIAL, CREMATION, REMOVAL		
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DHMH - 16 60M 7/84	24 F H	ines/Rinaldi	11800 New Addition Ave.	1

STATE OF MARYLAND

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DHMH - 16 50M 1/81 (VRA 15, 4)

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230 BURIAL, CREMATION, REMOVAL

Burial

(SPECIFY)

George J. Gonce 4001 Ritchie Hgwy Balto Md

12/15/86

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

22e ADDRESS

State Veterans Cemetery

231 NAME OF CEMETERY OR CREMATORY

a lia Devidson-Randall

22c DATE SIGNED

2b. HOUR

126 KIND OF BUSINESS OR

Wozniewski

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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Singleton Funeral Home Glen Burnie, Maryland

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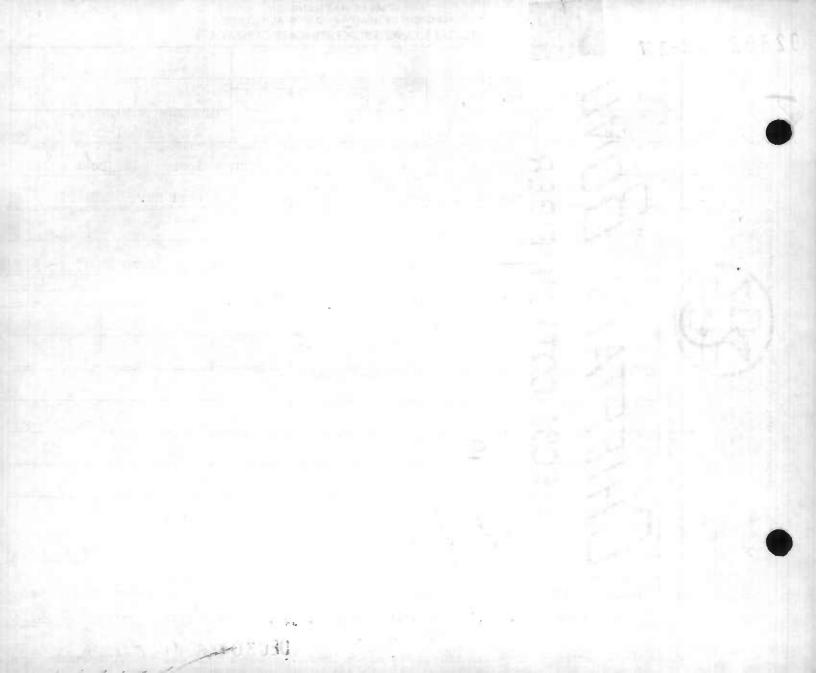
CLES RORNIE L'AGRIE ARENDE, HOSPITAL

CLES BURNES, NARYLAND-21061

LIARY T. CHECTTY, F.D.

5 JAM	- STATE REGISTRAR	Gbj.		MEDICAL EXAMIN		ERTIFICATE O		K	EG. NO.	0		
O OMINIC	TYPE OR PRINT)	AE FIRST		MIDDLE				OF EST	-		YEAR	2b HO
SE	NO.	Doug]		Anthony		ennes		DEATH MAT			10 86	
1 5 1 5 1 5 1 5	Male	White		DAY YEAR LAST BIRTHD		DER I YR. IF UNDER		DATE ONOUNCED DEAD		2/ 21/	19 86	3 H8
76.	BIRTHPLACE (FOREIGN COUNTRY)	STATE OR	76. CITIZEN O	F WHAT COUNTRY?	8. MARRIE	NEVER MARRI	9.	BALTIMORE	CITY OR C	OUNTY OF D		
35	Maryla	-	United	States	WIDOWE	_		Anne .	Arund	el Cour	nty	
10.	CITY OR TOWN	OF DEATH	IT. NAME OF	HOSPITAL, NURSING HOMI	E, OR OTHE	RINSTITUTION	12a USUAL	OCCUPATIO	ON (TYPE OF V	WORK 126 KIN	ND OF BU	SINESS
59 G	len Bur	nie		Arundel Hospi	ital			TOF WORKING LI			t Sa.	
	UAL RESIDENCE STATE Maryla	[136. COUN		n. give residence before admissi 13c. CITY OR TOWN Pasadena		36 INSIDE CITY LIMITS?	13e STREET	ADDRESS Carvel	Rd.	21	122	14
14.	FATHER'S NAM	NE .	MIDDLE	LAST		S MOTHER'S MAIDE	NNAME	MIDDLE				
28	Matthe	W	MIDDLE	Thennes		Irene		WIDDLE			adke	
16a		ED EVER IN U.S. AR	RMED FORCES?	166 SOCIAL SECURIT	IY NO.	7. INFORMANT		AD	DRESS	At		
	No	(# 125, 6146	E WAR OR DAILS)	216 70 45,8	02'	Rosemarie	Then	nes	(Sam	e as 1	3 a-6	e)
1	TB CAUSE O	OF DEATH (Enter or	nly ane couse per	line for (a), (b), ond (c).)		4				AP	PROXIMATE VEEN ONSET	INTERVA
1	PARTID	EATH WAS CAUSE	ED BY: ATE CAUSE (a)	Multiple D	rug T	ntoxicat	ion	4		00.11	EEN ONGE	AITO DE
2	1		DUE TO	OR AS A CONSEQUENCE								
		ons, if any, which										
	gave r	rise to immediate				200 // L						
X	cause (a	rise to immediate  a) stating the <u>under</u>	e (b)_	OR AS A CONSEQUENCE	OF						-	
X	cause (a lying ca	a) stating the <u>under</u> juse fost.	e (b)									
X	cause (a ying ca	a) stating the <u>under</u> juse fost.	e (b)	OR AS A CONSEQUENCE		OR CONDITION GIVEN IN PAI	RT T (a).					
Non	cause (a ying ca	a) stating the <u>under</u> juse fost. SIGNIFICANT CONDITIONS	CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	MINAL OISEASE C		RT T lat.					
X	cause (a ying ca	a) stating the <u>under</u> juse fost.	CONTRIBUTING TO DI		MINAL OISEASE C		RT Trat.			20 A	UTOPSY?	
RIPICATION	cause (a ying ca	p) stating the <u>under</u> luse fost.  SIGNIFICANT (ONOITIONS	CONTRIBUTING TO DI	EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE (	S PERFORMED?				Y	UTOPSY?	NO [
CERTIFICATION	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYING	SIGNIFICANT CONDITIONS  FOPERATION  TAL CAUSE WAS  GOOD TO IT	(c) DUE TO. (c) SCONTRIBUTING TO DI	NDITION FOR WHICH OPER	RATION WA	S PERFORMED?	D (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART	Y		
	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYING	SIGNIFICANT CONDITIONS  FOPERATION  TAL CAUSE WAS  G COR I IN ING CAUSE OF	S CONTRIBUTING TO DI  196. CO:	EATH BUT NOT RELATED TO THE TERM  NOTITION FOR WHICH OPER  E OF INJURY  A.M. MONTH DAY YEAR  1 2 2 1 198 6	RATION WA  R  21c. HOV	S PERFORMED?  WINJURY OCCURRE  bject us	D (ENTER NATI	JRE OF INJURY IN	ITEM 18 PART	1 OR PART 2)	ES 🖾	
MEDICAL CERTIFICATION	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	SIGNIFICANT CONDITIONS FOPERATION  ALCAUSE WAS GOOD TIME OAUSE OF	CONTRIBUTING TO DI  S CONTRIBUTING TO DI  19b. COI  19b. TIM HOUR DEATH  2 Ib. TIM	EATH BUT NOT RELATED TO THE TERM  NOTITION FOR WHICH OPER  E. OF INJURY  A.M. MONTH DAY YEAR  A.M. 1 2 21 1986  CEO OF INJURY (AT HOME,  FACTORY, FARM, ETC.)	RATION WA	s PERFORMED?  W INJURY OCCURRE  bject us  ATION	D (ENTERNATION of deciding the		ITEM 18 PART	Y	ES 🖾	
	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	SIGNIFICANT CONDITIONS  FOPERATION  TAL CAUSE WAS  G COR I IN ING CAUSE OF	CONTRIBUTING TO DI  S CONTRIBUTING TO DI  19b. COI  19b. TIM HOUR DEATH  2 Ib. TIM	EATH BUT NOT RELATED TO THE TERM  NOTITION FOR WHICH OPER  E OF INJURY  AM MONTH DAY YEAR  12 21 1986  CE OF INJURY (AT HOME.	RATION WA  21c. HOV  R  21f. HOV  21f. LOCA	S PERFORMED?  W INJURY OCCURRE  bject us  ATION  BET	D (ENTER NATION of deciding the	TUGS		1 OR PART 2)	res 🛭	NO [
	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYING CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITIONS  FOPERATION  TAL CAUSE WAS  GOOD TIME CAUSE OF OCCURRED  NOT WHILE  AT WORK	S CONTRIBUTING TO DI  19b. CO:  19b. CO:  19b. TIM  10c Ty  10c Ty  21b. TIM  10c Ty  21c Ty  21c PLA  STREET.	EATH BUT NOT RELATED TO THE TERM  NOTITION FOR WHICH OPER  E. OF INJURY  A.M. MONTH DAY YEAR  A.M. 1 2 21 1986  CEO OF INJURY (AT HOME,  FACTORY, FARM, ETC.)	RATION WA  21c. HOV  R 21f. LOCA	S PERFORMED?  W INJURY OCCURRE  D ject us  ATION  EET  Carvel	ed di	TUGS	Aruno	ORPARI 2)	res 🛭	NO [
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) i	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK  22a I cert death result ACTUAL SIGNATURE	SIGNIFICANT (ONOITIONS FOPERATION  AL CAUSE WAS G OR TIME CAUSE OF OCCURRED AT WORK  Infy that I took characted fram: Nature	S CONTRIBUTING TO DI  196. CO:  196. CO:  197. CO:  198. CO:  198. CO:  198. CO:  198. CO:  198. CO:  198. CO:  199.	EATH BUT NOT RELATED TO THE TERM  NOTITION FOR WHICH OPER  E OF INJURY  AM MONTH DAY YEAR  MAN: 12 21 1986  CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)  h o me  action 1  Su	RATION WA  REAL PROPERTY OF THE PROPERTY OF TH	S PERFORMED?  W INJURY OCCURRE  D ject us  ATION  EET  Carvel  X Inspection  Homicide  TITLE (SPECIFY)  Assistant	ed di Rd. Undeterm	TUGS  TY OR TOWN  Anne  Inquiry  Induiry  Included manner	Arunc	MONTY Y	land Pasa	NO [ stat de n
N MEDICAL	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYINK CONTRIBUT 21d. INJURY WHILE AT WORK  22a I cert death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT (ONOITIONS FOPERATION  AL CAUSE WAS G STORY IN INCLUSE OF OCCURRED NOT WHILE AT WORK  Infy that I took characted fram: Noture of the course of t	CONTRIBUTING TO DI  SCONTRIBUTING TO DI  SCONTRIBUTING TO DI  SCONTRIBUTING TO DI  STREET  PEATH  PE	EATH BUT NOT RELATED TO THE TERM  NOTION FOR WHICH OPER  E OF INJURY A.M. MONTH DAY YEAR  CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)  home  setting by the led an  Action by th	RATION WA  21c. HON R 21f. LOCA STR 261  Autopsy vicide ,	S PERFORMED?  W INJURY OCCURRE  bject us  ATION  EET  Carvel  X, Inspection  Homicide  TITLE (SPECIFY)  ASSISTANT  DDRESS 1	ed di	TUGS  TY OR TOWN  Anne  Inquiry  Induiry  Included manner	Arunc	MONTY Y	land Pasa	NO [ stat de n
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BALTIWORE, MARYLAND, 21201 PRIOR T	PART 2 OTHER S  19a. DATE O  21a EXTERN UNDERLYINK CONTRIBUT 21d. INJURY WHILE AT WORK  22a I cert deoth resul  ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	SIGNIFICANT (ONOTIONS FOPERATION  FOPERATION  FALCAUSE WAS GINED CAUSE OF OCCURRED  NOT WHILE AT WORK  SINT HOLD  SIGNIFICANT (ONOTIONS  FOPERATION  FOPERATION  FOPERATION  FOPERATION  FOPERATION  FOR Y  INT  SIGNIFICANT  GINT  SIGNIFICANT  GINT	CONTRIBUTING TO DI  S	EATH BUT NOT RELATED TO THE TERM  NOTION FOR WHICH OPER  E OF INJURY A.M. MONTH DAY YEAR  CE OF INJURY (AT HOME, FACTORY, FARM, ETC.)  home  setting by the led an  Action by th	RATION WA  21c. HON R 21f. LOCA STR 261  Autopsy vicide ,	S PERFORMED?  W INJURY OCCURRE  bject us  ATION  EET  Carvel  M, Inspection  Homicide ()  TITLE (SPECIFY)  ASSISTANT  DDRESS 1  CREMATORY  ess, Inc.	D (ENTER NATION OF THE PORT OF	TUQS  ITY OR TOWN  Anne  Inquiry  Inquiry  ILEXAMINER  IN St.  ITION  ONN  INSVIIII	Arung and in X.	MONTY Y	land pasa 21/8	sta der

STATE OF MARYLAND



1	1		STATE OF MARYLAND	w 19 19 19
- 20	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 5 CERTIFICATE OF DEATH	5 3 7 7
Q /DEC	-	REGISTRAR	REG. NO.	
0/000		TANDNAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY	YEAR 2b. HOUR
M		Mari	lyn E. HORINGION DEC 12	3 86 PM
	1			UNDER I YEAR IF UNDER 24 HRS
Vai	0	EMALE	WHITE 4 30 1926 60 YRS	
64	Tap's	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 19. BALTIMORE CITY OF COUNTY OF	F DEATH
01	N	EW YORN	USH WIDOWED DINORCED HIVING MICU	NUEL MO.
21	0	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	126 KIND OF BUSINESS OR INDUSTRY
1	1	nnapolis	Ho2 Honereng Irail Housewite	HOME
76	tla.	TATE 136 COUNT	Y 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 134. STREET ADDRESS / ZIP CODE	a Tail401
/	1	THERS NAME	Hnnapolis YES NOT HEZHONERED	9 PRAIL
126	) "	FIRST MI	OPLE LAST MODIE	LAST -
20	14. 1	VAS DECEASED EVER IN U.S. ARMI	T- JENTZ Mary Hnn Ma	clyewit
7			VAR OR DATES)	me as
9		110		世13
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1	IMMEDIATE		
			DUE TO, OR AS ACCOUNTED TO THE TOTAL OF THE	541.
00	/	Conditions, if any, which gave rise to immediate	(b) (b)	7 - / -
Ollina		couse (o), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	
0		PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART NO
OF STREET	NO.		SOURCE OF THE TENNING	THAT ANY TIME
8 17	CAT	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, V	VERE FINDINGS USED
1	CERTIFICAT		YES NO YES YES	NG CAUSES OF DEATH?
1.	8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR  216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART	I OR PART 2)
4	CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
35	2	HILE NOT WHILE AT WORK	V6 17/17	0/
	9	22a I certify that (I) (this hospital	1) ottended-the decoased from 11/2/12/19, 19, 10, 10, 19,	that (I) (we) lost
	-8	sow the deceased alive an abave, (1) (we) (did) (did nat)	view the back after death.	nd from the causes stated
2		22b. SIGNATURE	DEGREE	224 DATE SIGNED
		/	ATTENDING MEDICAL STAFF PHYSICIAN DARECTOR PHYSICIAN	12/19/86
1	50	27d. PHYSICIAN'S NAME (TYPE OR P	RINT) 22e ADDRESS	
1		Richard C.	olgan, MD 103 Giddings Ave Anna	ipolis mi)
0.8	23a E	SURIAL, CREMATION, REMOVAL	236. DALE / 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION	OUNTY STATE
200		remation	12/26/86 Cedar Hill Suffand P	G MI
7/B4	24 5	INERAL DIRECTOR	25a DABECO 73 3 19865b. REGISTRA	R'S SIGNATURE
	1	Tillan Kun sinal	Classed Pinnesoles (01)	Mangagas

STATE OF MARTLAND	
26618 DEC 10-BEGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 6 3 CERTIFICATE OF DEATH	5 0 U U EST
1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DA	YEAR 26 HOUR
DOUGLAS HARRY TITUS  DECEMBER 04,  1 SEX 1 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	1986 /110/ F
	FUNDER TYEAR IF UNDER 24 HRS.
Male White April 6, 1921 65 YRS.	ONTHS DAYS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY COUNTRY)	OF DEATH
Baltimore, MD USA   WIDOWEDK DMORCED   ANNE ARUNDEL	
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  12. USUAL OCCUPATION (14 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	12b. KIND OF BUSINESS OR INDUSTRY
GLEN BURNIE   NORTH ARUNDEL HOSPITAL   Ret. Billing Clk	Martins Auto
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  13d STATE  13d STREET ADDRESS / ZIP CODE	Parts
Maryland   AA   Pasadena   YES   NO   184 Oak Drive	21122
II. FATHER'S NAME  FIRST MIDDLE  LAST  IS. MOTHER'S MAIDEN NAME  FIRST MIDDLE  LAST	LAST
Charles Otis Titus Margaret M.	Douglas
9 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS  (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	
Yes WW II 214-18-3552 Mitchell Titus, Same as 13	
18 CAUSE OF DEATH (Enter only one couse per Tipe for (a), (b), and (c)	APPROXIMATE INTERVAL
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) PARTY LABOR MULLIONARY &	resua
DUE TO, DRA A CONSEQUENCE OF GENERALIZED ON TELES	clara:
Conditions, if ony, which	4
gove rise to immediate couse (a), stating the DUE O, OR A A CONSCOUENCE OF L.D	
underlying couse lost.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	N IN PART 110
The state of injury in them to page and the state of injury in the state of injury injury in the state of injury inju	2/84.
196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY 206 IF YES, INCERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
YES  210, ACCIDENT WAS UNDIFFERING   21b. TIME OF INJURY  210, ACCIDENT WAS UNDIFFERING   21b. TIME OF INJURY  11b. HOW DAILY OCCUPAND (ENTER NATURE OF INJURY IN ITEM 18 PAR	
E E E E E E E E E E E E E E E E E E E	RT 1 OR PART 2)
V (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME STREET, ESCORY, OFFICE, FARM, EIC.) STREET CITY OR TOWN	
216. PLACE OF INJURY  AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  211. LOCATION  STREET  CITY OR TOWN	COUNTY STATE
AI WORK AI WORK	S
220.1 certify that (I) (this haspital) Wended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	9 thot (I) (we) last
gbove, (1) (we) (did) (did not) view the body after degth.	and from the couses stated
DEGREE ATTENDING MEDICAL STAFF	THE DATE SIGNED
TO F CO PHYSICIAN TO PHYSICIAN TO PHYSICIAN TO	12404 186
22d PHYSICIAN S NAME (TYPE OR PRINT)  BENJAMIN A. DE GUZMAN, M. D.  22d PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	UITE 108
BENJAMIN A. DE GUZMAN, M.D.    222d PHYSICIRN'S NAME (IVPE OR PRINT)   222e AGRESS   325 HOSPITAL DRIVE, SI BENJAMIN A. DE GUZMAN, M.D.    CLEN BURNIE, MARYLAND	
230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR TOWN	
Burial   Dec. 8,1986   Baltimore National   Baltimore	MD
24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTR  ADDRESS 250. DATE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE
(VRA 15, 4) James S. Kirkley, Glen Burnie, MD DEC 9	Tendorn-Roadelle

0.25 4 1 4 12 12 00 3/0,// 

24 FUNERAL DIRECTOR ROBERT S. BARRANCO

SEVERNA PARK, MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

ma

STATE

Md STATE

22c DATE SIGNED

Julia Davidson-Rondoll

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Mother

IF UNDER I YEAR

CO

INDUSTRY

7:30 pmm.

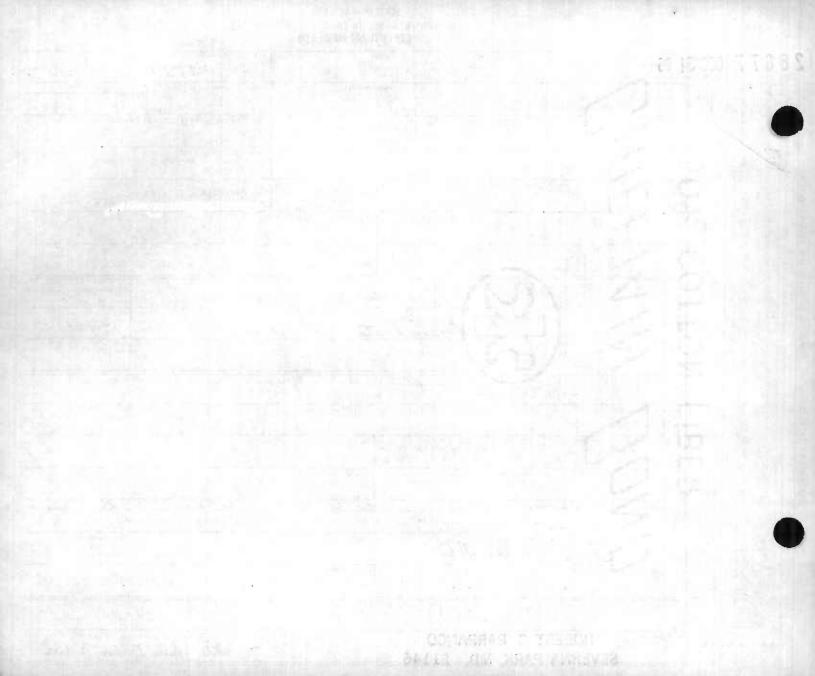
IF UNDER 24 HRS

CERTIFICATE OF DEATH

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

- STATE



02	709	2 DE	11	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 6	3	30	0 2.
				EASED NAME FIRST		MIDDLE	t.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	ge 3		(TYPE	Eugen	in	D	10.	VOL	1213/	86		7:16 PM
	pag pag		3. SE		4 RACE	1	S. DATE O	7	6 AGE (IN YEARS LAST BIRT			IF UNDER 24 HRS
	ge 4 r ector,			Female	500 N	ish \	MONTH D3	$\sim$ $\sim$	84	YRS	IHS DATS	HOURS MIN.
	Par Par	(e)		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
	nera n 72	1/2/		Socia	0.5	. A.	WIDOWE		Anne An	undel		MD
+	he fu	15	1	TY OR TOWN OF DEATH		HOSPITAL, NURS I	NG HOME O	ROTHER INSTITUTION	120 USUAL OCCUPATION	ON I	2b. KIND OF	BUSINESS OR
5	rs of	10	5	rofton	Crofto	CONVOL	Scent	CTr.	Homemaker			
AND 212	filled in	35	USU/ 130 S	L RESIDENCE (IF NUT TO THE TATE	OTHER INSTITUTION WHITY GOMERY	13c CITY OR TOV		134 INSIDE CITY LIMITS?	136 STREET ADDRESS / 9813 Belly	ZIP CODE	6 2 0x	17
RYL	vithir etely 2 st	July 1	IN FA	THER'S NAME NA	MIDDLE	LAST	1	15 MOTHER'S MAIDEN NAM			LAST	
WA	ond and	1820	1	PETRONILO		PRADOS		SEGUNDA			PEREZ	
BALTIMORE,	and co	medical			ARMED FORCES? GIVE WAR OR DATES)	214-32-3		MARINA BEASLE	EY DAVIDSO		MD.	
201 W. PRESTON ST.,	es that the death certific in the death certific in the carbon po	ar allur traumatic even		Conditions, if any, which gave rise to immediate cause (0), stating the underlying cause last	DUE TO, C	DR AS A CONSEQU	UNCE OF	tition wot related to the term.	ELLION ONE	SOFT OF SIVEN	IN PART La	
	w requir	ny injus	CERTIFICATION	19a DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI	ERE FINDING	
2	an. has	Sene b	TIFIC						YES NOT	IN CERTIFYING	G CAUSES C	NO []
DIVISION OF VITAL RECORDS.	SICIAN: TI ng physicia certificate	Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	P.M.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)	
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	TALOR / by the ha RALDIRE	NT: If then		22b. SIGNATURE	Deres	7	1	PHYSICIAN (X	MEDICAL STAF		12/.	3/8
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BOAL FUNERAL SERVICE, P.A. WESTERN PORT, MD.

24 FUNERAL DIRE

DHMH - 16 60M 7/B4 (VRA 15, 4)

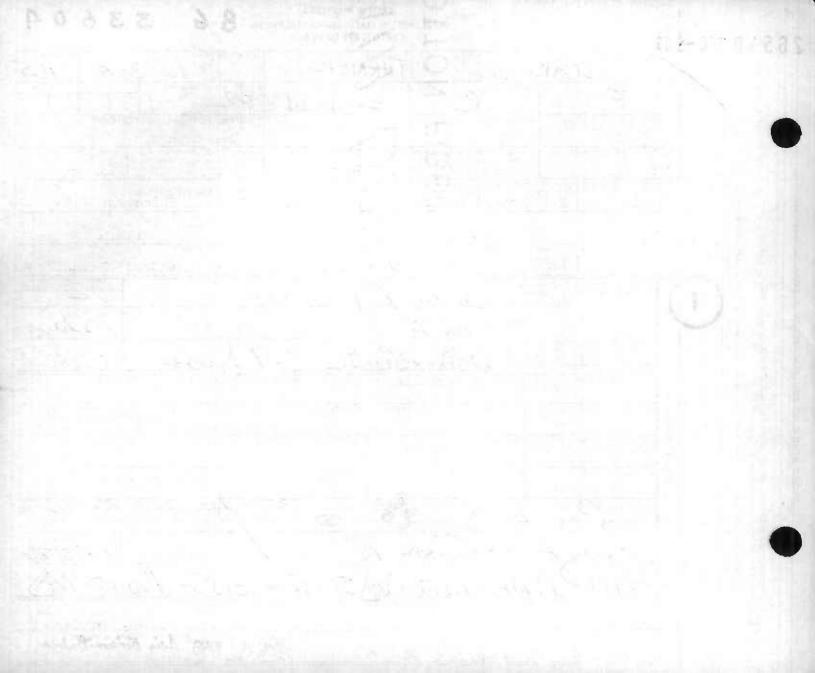
STATE OF MARYLAND

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE OF DEATH MONTH PE OR PRINT **AMELIA** ELIZABETH TUCKER 1986 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR Female White September 1886 90% BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA ANNE ARUNDEL COUNTY WIDOWED DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIEE) INDUSTRY GLEN BURNTE NORTH ARUNDEL HOSPITAI Homemaker. Own Home LINUAL RESIDENCE LIE NURS 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland A A Co. Pasadena NO X 8491 Bussenius Road 21122 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST William Klein Mary Apel ADDRESS 227 11th Street BALTIMORE. 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (Niece) (IF YES, GIVE WAR OR DATES) (YES, NO OB UNKNOWN) 212.03.7077 Pat Newton Pasadena, Maryland21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I, DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I on on color IMMEDIATE CAUSE (0) 1U2x Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 FICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2fla AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIEY MEDICAL EXAMINER) PM 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC } STREET CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased always 2/16/86
above (1) two) (did) did not view the body after death , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27h SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 4141 MOUNTAIN ROAD **FOT KEMER** CARL DASADENIA M 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) STATE BP Burial Dec 24, 1986 Parkwood Cemetery Parkville Balto. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4) Glen Burnie, Maryland Singleton Funeral Home

Len # 3.0 FIRM G 022, 12/30/00 1.0.



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	ASS ASS	2 000					121019 86 M
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	STEE BE		death resulted fram: Natural causes	Accident . Suicide	L, Hamicide L	Undetermined manner,	
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	<b>₹</b> ₩₩₩₩	1	SIGNATURE Allellan	· Mono	_M.D. Jeputy	MEDICAL EXAMINER	DATE SIGNED 12/12/86
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571.73	* SHEET		(TYPE OR PRINT) WILLIAM	19. JONES, m	D'ADDRESS 693	5 America	CT. 21035
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALL MORE, MARYLAND, 21201 P	23a.8	URIAL, CREMATION, REMOVAL 236 DATE	23c, NAME OF CEMETE	RY OR CREMATORY	123d. LOCATION	
		- 63	Burial 12/16		L Cemetery	CITY OR TOWN	COUNTY STATE
07/84 25M	BP		UNERAL DIRECTOR				.G. Maryland
	DHMH - 17	C	NAME	ADDRESS 6160 Oxon Hil	L Rd.	C 1 6 1986 LA	Per 8 A
	(VR A15 ME (5))	C	orge P. Kalas Funera	al Home Oxon Hill	Md.	6 1 6 1986 Julia d	Devidern-Randale
		The real Property lies					

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DEC	19-	FOR STATE OGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 0 REG. NO.	3 3 0 0 0
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	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ļ		MALE	CAUCASIAN	9 1 28	58 YRS	
		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNT	MARRIED XNEVER MARRIED	9 BALTIMORE CITY OR COUN	
4		ARYLAND ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	ANNE ARUNDEL	
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		THER'S NAME FIRST  RAYMOND	L. TUR	NER NELLIE	WIDDLE	BARR
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7	MEDICAL CERTIFICAT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	YES NO IN CER	TIFYING CAUSES OF DEATH? YES NO
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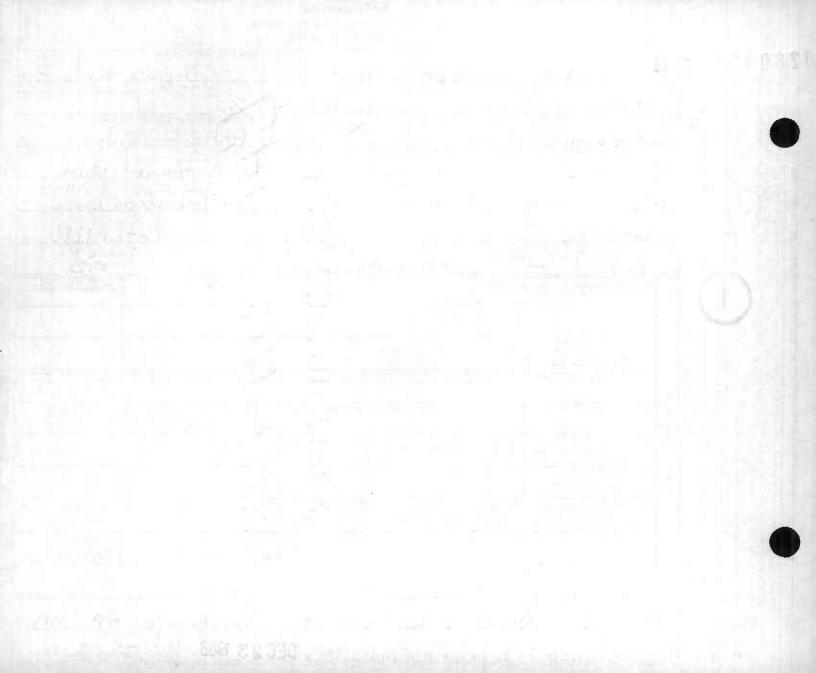
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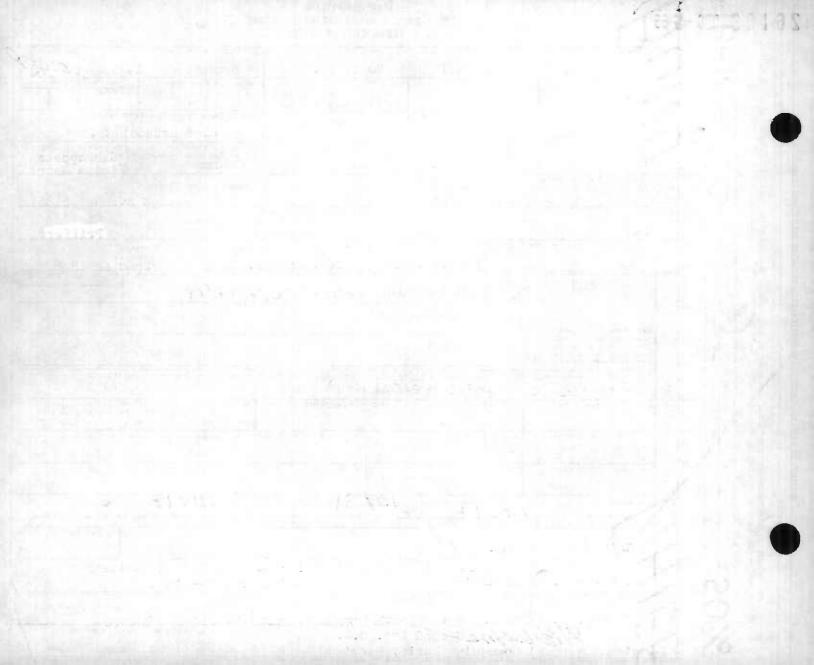
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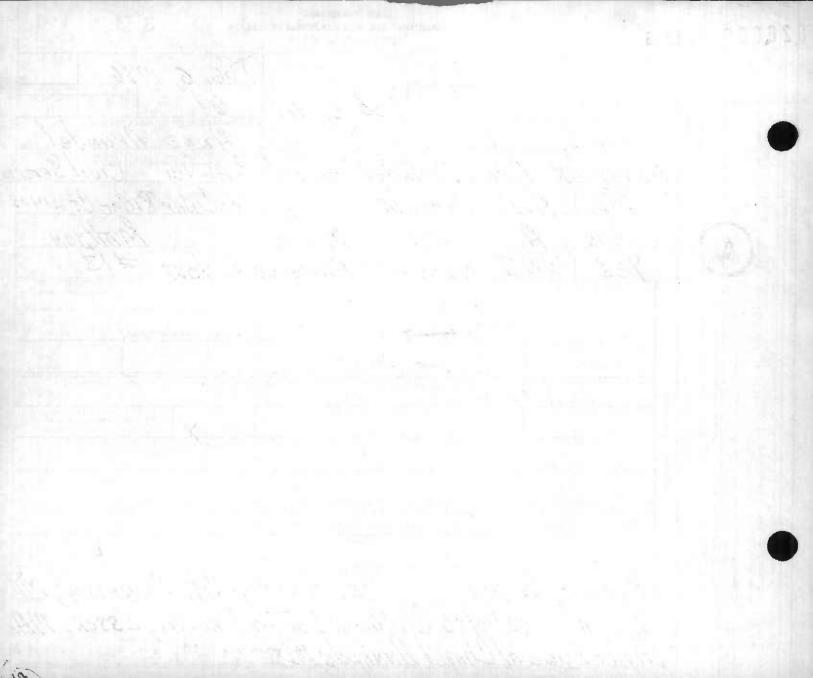
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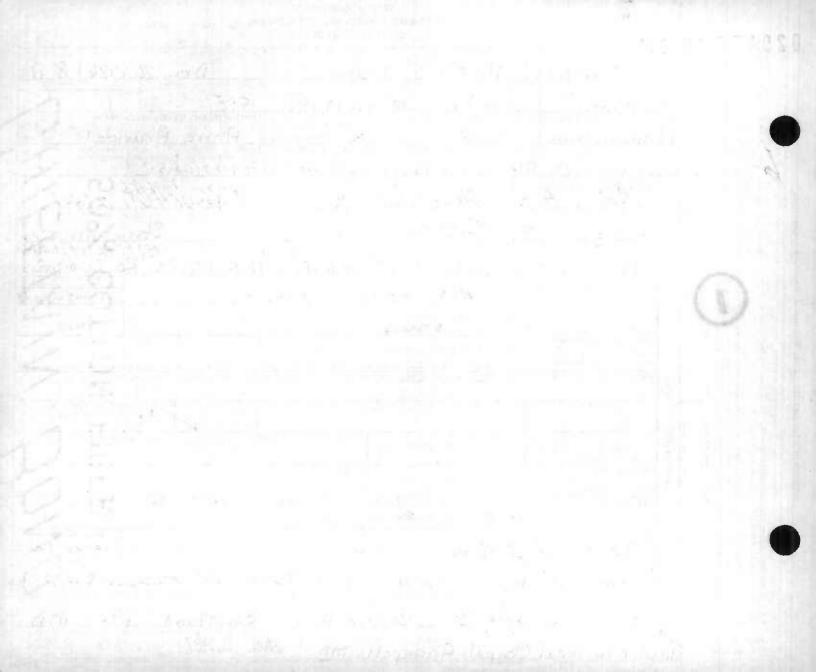
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, v o	CERTIFICATION	19a DATE OF OPERATE			ITION FOR WHICH			DRMED	200 AUTOPSY?	70h. IF YES	S, WERE FINDIN	NGS USED
	FIC	THE DATE OF GREAT		110 001101	no. Tok wine.	TOT ENTITIO		SAMED		IN CERTIF	FYING CAUSES	OF DEATH?
Hygie Sho	- E	21a ACCIDENT WAS UNDE	DIVING F	216. TIME O	E INTHIBY		Tale HOW IN	HILIPY OCCUPI	YES NO		ES 🗌	ио 🗌
		OR CONTRIBUTING CA			M. MONTH	AY YEAR	216.11044 11	AJOKI OCCORI	RED (ENTER NATURE OF IN	JURY IN HEM 18 P	PART I OR PART 2]	
riol-tronsi	V	(IF EITHER, NOTIFY MEDICA	AL EXAMINER)	) P.i		19						
d A M	MEDICAL	214 INJURY OCCURRE		218. PLACE	OF INJURY	FARM ETC.)	211 LOCATI	ON	CITY OR	IOWN	COUNTY	STATE
e as the olth and marked	2	AT WORK NOT WHILE	E									
a office		22a-1 certify that (I) (	this hospit	tal) attended the	e deceased from	10	/31	19 80	2, to	17	1926	that (I) (we) la
P. F. C.		sow the deceased	d olive on,	nou	J- 19.	86.	nd that in (my	) (our) opinion	death accurred on the			
Da to	-	above, (1) (we) (did	d) (did not	t) view the body	offer death.		DEGREE				22c. DATE	SIGNED
e Dept.	1	Morer HL	1 xx	feld	M1)			ATTENDING	MEDICAL ST	AFF	The Date	SIGINED
Story -	-	224 PHYSICIAN'S NA	ME (TYPE O	# PRINT)			22e ADDRES		. Reed Str		Suite 51	E
should be deto with the Store [ IMPORTANT: If	13	Dr. Karen	M. L	ichtenf	eld			101	more, Mary		uite 51	.5
3 ₹	23a l	BURIAL, CREMATION, R	EMOVAL	23b. DATE	230	NAME OF C	EMETERY OR		23d LOCATION		COUNTY	STATE
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	24 F	JNERAL DIRECTOR C	2/12		2 Second	Arro	C IN	25a DAT	E REC'D. BY REGISTRA	R 256 REGIST	TRAR'S SIGNAT	URE
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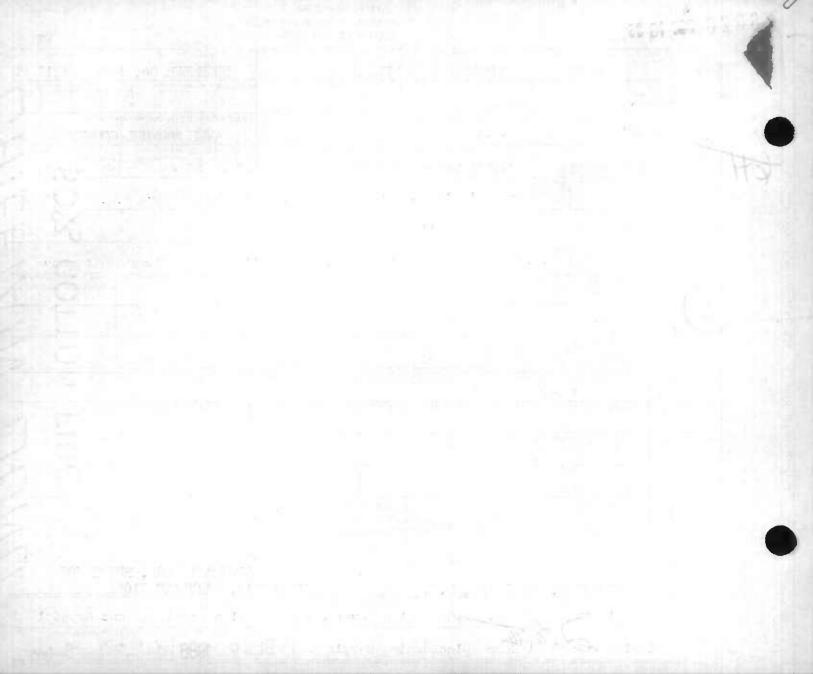
	1	Item: 12a G-622 12/	23/86	STATE	OF MARYLAND		*** *7	1 1
026869 DEC	2	STATE F. H. CM REGISTRAR	DE		ALTH AND MENTAL HYG CATE OF DEATH		00	) [
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4 moy or. po	3. SE	MALE	1111-	S. DATE OF	BATH DAY 175AR	6. AGE (IN YEARS LAST BATE	MONTHS DA	
- 0 10	7a B		TIZEN OF WHAT COU	MARKS IR	13,19//	9 BALTIMORE CITY OF	YRS.	
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dicate of physicis repoperational discount.		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	11	(b), and ich	in Unactor	n-	APP BETWI	PROXIMATE INTERVAL EEN ONSET AND DEATH
S NS		IMMEDIATE CAL	DUE TO, OR AS, A CON	ISECULENCE OF	100			
the deone the other remove contraction or emotion or er troumath		Conditions, if ony, which	(b) 45	Way, GL	DMI I	seloni lor	horaly	
W. of the series series of the other		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CON	ISEOUENCE OF	VN			
20 res t	NO NO	PART 2 OTHER SIGNIFICANT COND	OITIONS CONTRIBUTION	G TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PART	Γ1ιο
TAL RECORDS. The low required to the low required to the low sign permit. There is given prior to be shown only injury.	CERTIFICATION	190 DATE OF OPERATION 1	96 CONDITION FOR V	which operation	WAS PERFORMED	206 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?
NOF VITAL RE ISICIAN: The Ion graphysicion. Certificate has right-transit per ental Hygiene.	CER		TIS. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART T OR PART	2)
ON OF THYSICIAL IS certification buriol-tr Mentol I or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
Visi O Pi orter the and ked	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	1e PLACE OF INJURY AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC.)	TIL LOCATION STREET	CITY OR TOW	YN COUNTY	STATE
To Se a		27a I certify that (I) (this hospital) at		from	. 19.77	10 Plan	. 19	, that (I) (we) lost
ATTEN Spitol SCTOR d for u		sow the deceased alwe on abave, (I) (we) (did) (did not) view	v the body ofter death.	_19, ond	that in (my) (our) opinion o	death occurred on the do	te and hour and from	the couses stated
Che ho		276 SIGNATURE	Brein		GREE ATTENDING PHYSICIAN D	MEDICAL STAF		ATE SIGNED
TO HOSPITAL retoined by the TO FUNERAL I should be detoined by with the Store I IMPORTANT. If		224 RHYSICIAN'S NAME TYPE OR PLINT	10011		51 FUD NI	1/11/97	Downs	also ms
전 6 6 6 출 점 ★ M	23a	BURIAN CREMATION, REMOVAL 236	DATE	12 MAE OF CFA	AETERY OR SEMAIORY	234 AQCATION	MANAD	OIP, IL
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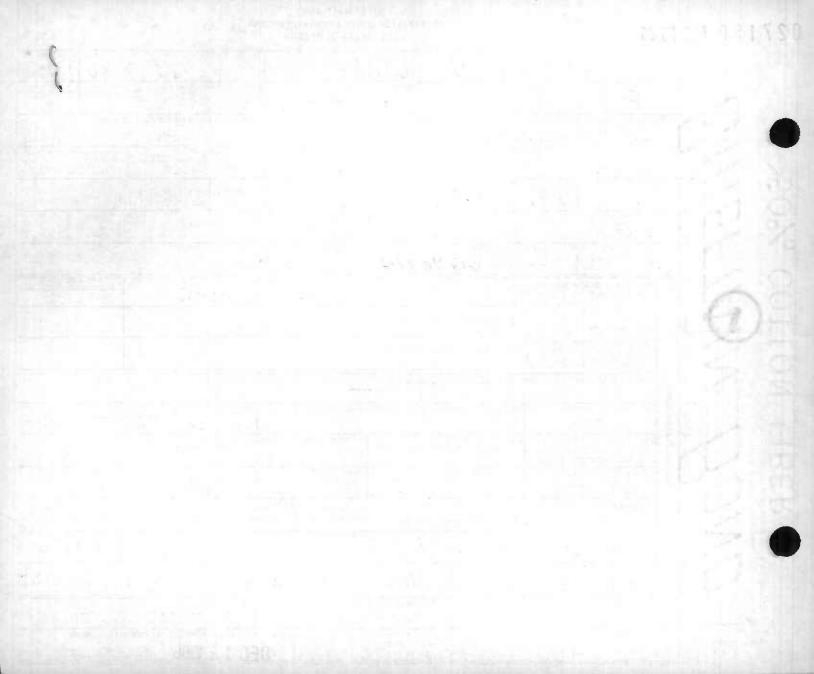


	1		STATE OF MARYLAND	7 ( 1 7)
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸 👩	501 34
20157 1111		REGISTRAR	CERTIFICATE OF DEATH  REG. NO.	
E J 4 J 1 JAN		CEASED NAME FIRST	MIDDLE LAST ZE. DATE OF DEATH MONTH DATE	Y YEAR 26. HOUR
1 75	(TYP)	OR PRINT) Margare	t Thorkony Warne Des 2	1986 8 AM
6 6	1. SE		4. RACE S. DATE OF BIRTH 6 AGE INVERSUAST BIRTHDAY)	UNDER I YEAR IF UNDER 24 HRS
4 94	1	, 0	MONTH DAY YEAR MO	INTHS DAYS HOURS MIN.
_ 60 day	LY	emale	White March 17, 1891 95 YRS.	
E 75 78	10.8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY O	F DEATH
1 13/42		nnsy vania	USF   WIDOWED DIVORCED   Hnne Hru	ndel MD.
11 11 01	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  INFNOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120 USUAL OCCUPATION  (TIPP) OF WORK FOR MOST OF YWORKING LIFE)	126 KIND OF BUSINESS OR
1 1 / C	56	verna lark	Meridian Nursing Center HOMEMAKER	
一	13a	AL RESIDENCE HE NURSING HOME OR CONTACT	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)  TY 134 TITY OR TOWN 134 INSIDE CITY LIMITS? 136 STREET ADDRESS ZIPLOSE	1
2 经人	-	MP. H	HI HNNA DOLLS YES NO D 9 NANIA	21401
1 12 LAI	14. F	THER'S NAME	15. MOTHER'S MAIDEN NAME	317
1 1000		George.	E. THACKRAY Many MIDDLE Sho	LAST
8 8 8	16a \	VAS DECEASED EVER IN U.S. ARA		Of Kennet Dinist
9 0 0 0 m	(	YES, MOJOR UNKNOWN) (IF YES, GIVE	WAR OR DATES) KUE-INGITED MODELLE DECUS DECUS DECUS DECUS	THEHADI PHAGE
		111/	DEDITIONINESTRE DEFUZ CORDS E	APPROXIMATE INTERVAL
5 (24)		PART I. DEATH WAS CAUSED	y one couse per line for (a), (b), and (c),  DBY:  ECALISE (a)  RESDIENTORS  FAILUNE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE	E CAUSE (0) PAICUNE	1mm & Dlass
			DUE TO, OR AS A CONSEQUENCE OF	11.0
do the control		Canditions, if any, which gove rise to immediate	(b) STROKS	148
4 4113		cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	
of the part of the		underlying cause last.	(c)	
1 614	7	PART 2. OTHER SIGNIFICANT C	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART Tro
· · · · · · · · · · · · · · · · · · ·	CERTIFICATION			
1 4 6 /	CA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED ING CAUSES OF DEATH?
28 24 1	E		YES NO YES	
Z I I I I Z	8	710. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY 18 HOUR A.M. MONTH DAY YEAR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T I OR PART 2)
U. 1111	3	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)		
A 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY 211 LOCATION	COUNTY STATE
Se the se	3	NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
2 4 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		THE RESERVE TO SERVE	al) attended the deceased from 12-21 1955 to 12-26-86 19	Sto that ill (was) last
N 1 0 0 1 1		saw the deceased alive on_	12-16- 19 S.C. and that in (my) (aur) apinion death accurred on the date and hour a	and from the causes stated
A S DAY	10	abave, (1) (we) (did) (did not 22b. SIGNATURE	) view the body ofter death.  DEGREF	22c DATE SIGNED
0 2 0 50 2	18	20/11/0	ATTENDING MEDICAL STAFF	12-26-5-6
7 7 7 7 5 T	-	22d PHYSICIAN'S NAME (TYPE OR	PHYSICIAN DIRECTOR PHYSICIAN	
HOSPITA FUNER by Add be a A the Sto			A D D D D D D D D D D D D D D D D D D D	mus And Dill.
0 0 0 0 0 0		JOHN JAH		10cc 3, 100 p = 140
25 2 2 2 2 2	230	BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY STATE
BP		remation	12/26/86   Cedar Hill Sutland	C. m.D
DHMH - 16 60M 7/B4	24.59	UNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 256. REGISTRA	put in an i
(VRA 15, 4)	Na	Wor Kunpral	Chapel- Anngolis MI JAN 3 1981	grad se graduce



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7	6621	DEC	ig	FOR TE STE REGISTRAR			DEPARTA		EALTH AND	MENTAL HYG DEATH	S anai	Ö REG. N	3	3 0	EST
				EASED NAME	FIRST	A	MIDDLE	L	AST		2a DATE	OF DEATH	HINOM	DAY YEAR	2b. HOUR
	e e e		TYPE	HOMER		EDWA	RD	WELLI	D		DE	CEMBE	R 06.	1986	1215 PM
	4 may	300	3 SEX			4. RACE	i (d)	5. DATE C	F BIRTH	YEAR	6. AGE (II	N YEARS LAST BI		IF UNDER I YEAR	R IF UNDER 24 HRS
	rect ors o			Male		White		Oct.	25	1912	74		YRS.		
	Po la	9		RTHPLACE (STATE OR FO	ORE IGN		WHAT COUNTRY?	8 MADDIE	NEVER	MARRIED -	9. BALTIM	ORE CITY	OR COUNT	Y OF DEATH	
	ner ner	mo de de la constante de la co	Má	aryland		U.S.A		WIDOWE		OVORCED	A	NNE A	RUNDE	L COUNT	MD.
10	( ) I !	Child C.		GLEN BURNT			OSPITAL, NURS IN HEACILITY, GIVE STREET ARUNDEL	IG HOME C	R OTHER INS	STITUTION	(TYPE OF WO	COCCUPAT ORK FOR MOST K Sup.	OF WORKING I	IFE) INDUSTRY	of BUSINESS OR Y sie System
ND 212	24 haun	must be	HSUA 130 S MI	AL RESIDENCE (IF NURSIN TATE	HIGHOME OR IS COUN Anne	other institution. TY Arundel		ADMISSION)		CITY LIMITS?	13e STREET	ADDRESS Eighth	/ ZIP COD		21061
IA	hin sho	Supplied to the supplied to th	I4 FA	THER'S NAME						S MAIDEN NAM		3-1-00			22001
MAR	omplete	) E		PageFIRST		AIDDLE	Weller		R	osemond		WIDDLE		E	ichleberg
TIMORE	be execusing an and constant of the secus of	medica	Y'€	AS DECEASED EVER II		MED FORCES?	705.14.0		Mrs.	ANT (wife Edna We	e) Her	ADDR		AS 13	above
T., BAL	in political			18 CAUSE OF DEATH PART I. DEATH WA		y one cause per O BY: E CAUSE (b)	ine for 10), (b), one	dien S	کی ک	100	10	ex		BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
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PRESTON	deoth	1		Conditions, if any,	which	(b)	CNBS	W/C	Co	100	500	×			
98	he em			gove rise to imme	ediote	)						-			
`.	by t	othe		underlying couse	lost.	DUE TO, OR	AS A CONSEQUE	NCEOF	0	Der	2 Qu	End	Lec	S	
20	es the	, a		PART 2 OTHER SIGN	FICANTO	ONDITIONS CO	INTRIBUTING TO D	DEATH BUT	NOT RELATE	D TO THE TERM	INAL DISEA	SE OR CON	IDITION G	VEN IN PART 1	In
SDS,	squii sig Ther	2 10	NO O	CIER	-le	عدمة									
RECO	low re os beer os mit.	As only	CERTIFICATION	19a. DATE OF OPERATI	ON	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERF	ORMED	200 AU	TOPSY?	20b. IF YE	S, WERE FIND IFYING CAUSE	INGS USED
TAL	The iciar te h	S of S	FRT	21a. ACCIDENT WAS UNDE	DIVING 🗆	21b. TIME OI	INTUINV		12). 110)1/1	NIII IBY OSSUBB	YES [	NO .		ES	NO 🗌
<u> </u>	AN: The	8		OR CONTRIBUTING CA		110110 1		YEAR	ZIE HOW I	NJURY OCCURR	ED (ENTER	NATURE OF INJ	URY IN ITEM 1B	PART I OR PART 2)	
0	YSICIA ding pl	He 7	CA	(IF EITHER NOTIFY MEDICA				19							
DIVISION OF VITAL RECORDS,	offendi offendi ter this	rked or	MEDICAL	21d INJURY OCCURRE		21e PLACE ( (AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F.	ARM, ETC )	21f LOCAT			CITY OR TO	NWC	COUNTY	STATE
	AP S AP	8 8		22a.l certify that (1)-(	this hospit	ol) ottended the	deceased from_	12	Y	, 19.	, to	1901		19	, that (I) (we) last
	TTE Pite Por for	21 ;		sow the deceased above, HL(we) (di	d alive on.	view the body	otter death	, on	d that in (my	) (our) opinion o	leath accur	red on the d	late and ho	ur and from the	e couses stated
	A A P P P P P P P P P P P P P P P P P P	te di		22b. SIGNATURE	G) (O-CLIED)	1 /	oner deam.	, [	EGREE					22c. DATI	Ę SIGNĘD
	TO HOSPITAL Oretained by the TO FUNERAL D should be detoo	<u> </u>		22d. PHYSICIAN'S NA	BI	1 Ces	~	V	72	0.0		R PHYSI	CIAN	12	16/16/
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	O H TO F Shau	MPORTANT		ROBERT		ROOPNICK						MARYLA	ND 21	061	
				URIAL, CREMATION, R	EMOVAL	23b. DATE				CREMATORY		TYORTOWN		COUNTY _	STATE
	BP	-		uria1	1	ruec. 1	0,1986 G	ten Ha	iven Me			Burn			cundel MD
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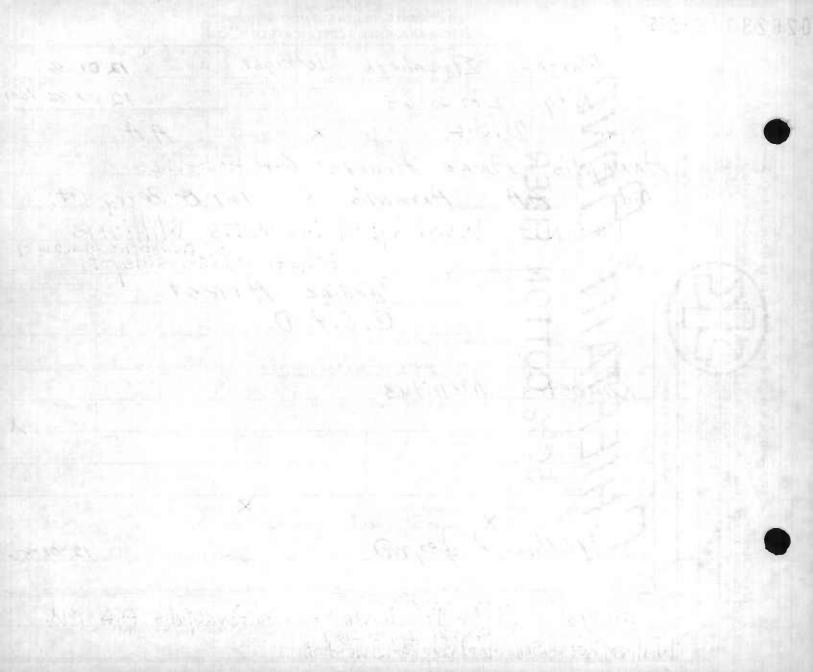
STATE OF MARYLAND	944 944 B
FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	3 3 0 1 3
MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG	6. NO.
1. DECEASED NAME FRST MIDDLE LAST , 20 DATE KNOWN	N MONTH DAY YEAR 26 HOUR
GENERAL (TYPE OR PRINT) BENNAYD WILLIAMS OF ESTI-	à I
	MONTH DAY YEAR 2d HOUR
MONTH DAY YEAR LAST DAY) MONTHS DAYS FOURS I MIN PRONOUNCED	44
M Neg & 2926 60 YRS. MARINE DEAD	11 27 1986 1127
76. BIRTHPLACE (STATE OR FOREIGN COUNTRY?   8. MARRIED   NEVER MARRIED   9. BALTIMORE CU	TY OR COUNTY OF DEATH
maryland United States WIDOWED DIVORCED !	TH MD.
ID CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  12. USUAL OCCUPATION  FOR MOST OF WORKING LIFE)	
HMNAPOLIS HANE Hrunde GEN	
UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	2 2/10/
136. STATE 1 136. COUNTY 136. COUNTY 136. COUNTY 136. COUNTY 136. STREET ADDRESS NO 1 868 54	2A Rd 1901
14. FATHER'S NAME	
Josephine Wells	LAST
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (	RESS
	5th stow wash oc
CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PARTIDEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which agree rise to immediate  (b)  PARTIDEATH WAS CAUSED BY:  A CIVID,	
DUE TO, OR AS A CONSEQUENCE OF	
Canditions, if any, which	The Property of the State of th
gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
lying cause last.	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 1D THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED?	I and a second
178. CONDITION FOR WHICH OPERATION WAS PERFORMED?	2D. AUTOPSY?
E MOUNTAIN E	YES NO X
216. TIME OF INJURY 1216, HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITE.	M 18 PART 1 OR PART 2)
UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
TO PLACE OF INJURY OCCUPRED 121 FOR THE PLACE OF INJURY AND THE PLACE OF INJUR	
WHILE NOT WHILE AT WORK STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET  STREET  CITY OR TOWN	COUNTY STATE
AI WORK — AI WORK	
22a Leertify that I taak charge of the remains described above, held on Autopsy . Inspection Inquiry	and in my apinian
death resulted fram: Natural causes Accident . Suicide . Hamicide . Undetermined manner	
TITLE (SPECIFY)	
ACTUAL Demotes	DATE 11-27-84
SIGNATURE // MEDICAL EXAMINER	SIGNED
WEST STATE OF THE	01005
	moville Md 21035
0.0500	onville, Md. 21035
230. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	O COUNTY STATE
23. BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION BURIAL CREMATION 12-3-86 Chelknham Vet. Cemetery Chelfenham	P. GOUNTY M. D. STATE
236 BURIAL, CREMATION, REMOVAL 236 DATE 236, NAME OF CEMETERY OF CREMATORY 236, LOCATION Chellenham  236 BURIAL, CREMATION, REMOVAL 236 DATE  237 NAME OF CEMETERY OF CREMATORY  Chellenham Vet. Cemetery Chellenham	O COUNTY STATE

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0	201	o i o pri	-	CEASED NAM	F FIRST		MIDDLE	EXAMIN	IEK.2 C	ERTIFIC	AIEO	F DEA	IH	REG. NO		D	Tal HOUSE
	1			E OR PRINT)						LA31		1	OF I	OWN XX		DAY YEAR	2b. HOUR
9		EASE TOR.	3. SEX		MICHAE 4. RACE	L BRIA	ν.	WOOD A AGE (IN YE	COCK ARS IF UN	DED I VD. I	IF UNDER	24 UDC	DEATH M	NATED [	12-19	-869	2d HOUR
		NEC PE		lale	White	7 18	61 EAR	LAST BIRTHD	AY) MONTH		HOURS		PRONOUNCE				Za HOOK
		Y VOIS	1	BIHPLACE (S		7b. CITIZEN OF WHA			RS.			-	9 BALTIMOF	RE CITY O	12-19	-8619 OF DEATH	<u>Sam</u> ™
4		IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E & FOR YOUR FILES. ED, WITHIN 72 HOURS I W. PRESTON STREET,		REIGN COUNTRY)	MD	USA		TKT7	WIDOW	D NEV	ER MARRI	ED 🔼		-	-		
•		N N N N N N N N N N N N N N N N N N N	10. CI	TY OR TOWN		11. NAME OF HOSP	ITAL, NUI					12a USU	AL OCCUPAT	TION (TYPE	of WORK 12	& KIND OF BI	USINESS
		ALAES Y	G	en Bur	nie	North		reet address)	ospit.	al		Ma	ost of working	ist		OR INDUST	RY
	=	SE SE SE		L RESIDENCE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIVE	RESIDENCE	BEFORE ADMISS	ION)		VV 4 1311V/ 0		100				
	.2120	IF ANY DELAY IS NEC AND 31 OT THE FUN. I. RETAIN PAGE 5 F SHOULD BE FILED, WI RECORDS, 801 W. P	130. 3	MD	Howa	rd	Elk	ridge	9	YES [	NO K	698	5 Doi	rsey	Road	2122	.7
	₩ 9	C KON-H	4	THER'S NAME		MIDDLE		LAST		15 MOTHE	R'S MAIDE	NNAME	MIDD	DLE		LAST	
	ORE	A SEE		ary	W			dcock		Juď			A			Dohle	r
	TIM	25550 V	160. V	S, NO, OR UNKNO	DEVER IN U.S. ARA	WAR OR DATES)		IAL SECURIT		17. INFORM		۸ ۵		ADDRESS	C	4	10-
	¥ 8	ASH AS		NO				8-88-8	3065	Jua	ltn.	A . S	turge	eon	Same	as#	
	ts .	07034 4 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2 0 2		PARTIDE	ATH WAS CALISED	y ane cause per line f DBY:				SEE						BETWEEN ONS	E INTERVAL
	2	VALUE OF THE PARTY	1	8/50	IMMEDIAT	E CAUSE (a) H				JURIES	<u> </u>						
	1	EWC BENEFIT		Canditia	ns, if any, which	DOE 10, OK A		SEGOEIACE	OI .								
	3	OR A MAN			se to immediate stating the under-	(b)	S A CON	SEQUENCE	OF	-				-			
	20	NA A WA	10	lying cau	se last.	(6)											
	SQ	ANE SER		PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELA	TEO TO THE TERM	AINAL OISEASE	OR CONDITION	GIVEN IN PAI	RT 1 a a .				1	
	9	SE S	No														
	1 1	MAL OF HE A	15	19a DATE OF	OPERATION	19b. CONDITI	ON FOR	WHICH OPER	RATION W	AS PERFORA	MED?				25	20 AUTOPSY	?
	MIN	ICATE SHO THE WORD THE CHI MUD BE US TIMENT OF R TO BURD	CERTIFICATION												7	YESXX	NO 🗌
	ö	TOWER THE ALL	18	210 EXTERNA	OR OR	HOUR A.M.		DAY YEA	R 21c. HO	W INJURY	OCCURRE	D (ENTERN	ATURE OF INJURY	Y IN ITEM 18 P	ART 1 OR PART	2)	
	ON	年2日本西京	MEDICAL	CONTRIBUTI	NG CAUSE OF D	DEATH 4:00AM	12-	-19-86	dr	iver c	of an	auto	/fixed	d obj	ect c	ollisio	on
	N/S	E SESE	量	21d INJURY (		21e PLACE OF STREET, FACTO	RY, FARM, ET	(AT HOME,		REET			CITY OR TOWN		COUN	TY	STATE
		WARD WARD		AT WORK	NOT WHILE X	stree	et		Do	rsey I	Rd. &P	arkwa	y Dr.	Gle	n Bur	nie,Md	
		日本の日本の		220 I certi	fy that I taak charg	e of the remains descr	ibed aba	ve, held an	Autaps	у Х.	Inspection		Inquiry [	], and	d in my apin	an	
		ME ME TO	1	death result	ed fram: Natur	al causes .	Accident	X, Su	icide .	Hamici	ide .	Undete	rmined mann	ner .			
		288	10	ACTUAL	Maria	- (ho	Ula	00		TITLE (SP					DATE		
		SESENT /	1	SIGNATURE.	mary	to Whe	141	nuc	M.	D. Assi	istan	MEDR	CAL EXAMIN	IER	SIGNED	12-19-	36
		MEDICAL BECUTE THE CIGE A SHOWN FUNERAL CITES DEATH	1	EXAMINER'S (TYPE OR PRI	NAME NT)	Margarita	A. F	Corell	, M.D.	DDRESS	111	Penr	Stree	et			
		524544 _	230. BI	JRIAL, CREMA	TION, REMOVAL 2	3h DATE	23c. N	IAME OF CE	METERY OF	CREMATO		234 LOC	CATION		COUNTY	,	TATE
	07/B4	BP	1	Crema	tion	12-19-86	S	ecur	ity F	roce	SS	Ba	timo	re,		IV	łij
	25M	DHMH - 17	24 FL	JNERAL DIREC	TOR	ADDRESS S	9 F	reder	ick	Road	50. DATER	EC'D. BY	REGISTRAR	256 REGIS	TRAP'S SIG	NATURE	4
		(VR A15 ME (5))	Cr	ematio	on Socie	ety of MI	), B			MD	DEC	21	1200	, ",	3		
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			STATE OF MARYLAND	
026231	DEC -	5 8	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 3 3 0	1
0 2 0 2 3 1	O DEC	Dia.	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGINO	
			REG. NO.	
			PE CRASED NAME PE OR PRINT)  MIDDLE  LAST  10. DATE KNOWN MONTH DA  OF ESTI.	TE TIOON
200	ET, ES		MAYTHA Clizabeth Wight DEATH MATED 120	1 1986 M
36	352	3 SEX	The second secon	AY YEAR 26 HOUR
×. a	SAZ	100	F 1/4 MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED 120	1,86 1601
A A	2020	2 01	1 10 9 120120 (6) 183	
ESS	SE SE		BIRTHPLACE ISTATE OR 76 CITYZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	FDEATH
	330		MINON DIVORCED A	MD.
1 25	PAGE S. FOR YOUR FILES. BE FILED, WITHIN 72 HOURS S. AN W PRESTON STREET,	10. CI		KIND OF BUSINESS
\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	SER Z	1	(IF NOTAL SUCH FACILITY, GIVE STREET APPRESS)	OR INDUSTRY
4/35	Z	16110	AL RESIDENCE (I IN MURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
ANY ANY	PETAIN PE	13a. S	STATE 138. COUNTY 138. COUNTY 138. COUNTY 138. COUNTY 138. STREET ADDRESS	DA 1411
2120 ANA	# 5 m	1	Md. A.H. HUNGARIS YES NO 161 A BEYYY	(4.10)
MD.	NE SE	14. F A	ATHER'S NAME	
DEATH GES 1	\$950/s/		FRIST COLOR MODEL LAST COLOR MINOLE LAST MINOLE LAST MADEL LAST MA	LAST
0 00	1 0 × 3	14 1	Clasence Washington Marrietta William	5
ALTIMO AFTER	S S S	100. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1.5, M. 166, SOCIAL SECURITY NO.	10,21401
BALTIMOR S AFTER DE	ISIGN I		WAS DEGEASED EVER IN U.S. ARMED FORCES? YES, NO DIVINKNOWN) (IF YES, GIVE WAR OR DATES)  166. SOCIAL SECURITY NO.  17. INFORMANT  ANDRESS OLIS, M.  ALLA HOSKINS-183 Clay ST	
M ST., B.	WITH FORM RM 3. REAL PAGES I AND 2 SHO		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c)	APPROXIMATE INTERVAL
<b>15</b>	Δ <u>ξ</u> Ä,		PARTIDEATH WAS CAUSED BY:	ETWEEN ONSET AND DEATH
ON 14 F	SEE S	100	IMMEDIATE CAUSE (a)	
PRESTON ST ITHIN 24 HOV	SIT	120	DUE TO, OR AS A CONSEQUENCE OF	
E E	A A A A	150	Conditions, if any, which gave rise to immediate (b)	
* * * * *	SEE S	1	cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF	
DRDS, 201 W. PRES EXECUTED WITHIN SING" IN PENCIL IN	ZAZZ,		lying couse last.	
, S. D.	A S S S S		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1-101	
RECORDS,	O A T W	z	The second secon	
ECO BE	A SEE	9	NIADETES MEHITUS	
- S	F E E	3	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	D. AUTOPSY?
VITAL RE	ESOE	CERTIFICATION		YES NO IT
<b>7</b>	# B W	8	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2)	TEO ES TROOPS
9 5 =	1 5 E		UNDERLYING OR HOUR A.M. MONTH DAY YEAR	
O = 0	ED TO	5	CONTRIBUTING CAUSE OF DEATH P.M. 19	STALL RESULT
DIVISION OF VITAL S CERTIFICATE SHOU PITING THE WORD."	SED 3S	MEDICAL	21d INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
IN SIN SIN SIN SIN SIN SIN SIN SIN SIN S	8 9 H S	1	WHILE NOT WHILE AT WORK AT WORK	STATE
	STA			
e 5	SE E		270. I certify that I took charge of the remains described above, held an Autapsy . Inspection . Inquiry . Inquiry . ond in my apinior	
# 2			death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner .	
MANE	유민도			
XAMINE	NITH WARYL	-	TITLE (SPECIFY)	
L EXAMINE	OULD BE NI DIRECT IH, WITH		ACTUAL DATE DATE	12-01-81
SICAL EXAMINE	SHOULD BE ERAL DIRECT FATH, WITH ORE, MARYL			12-01-86
AEDICAL EXAMINE	E 4 SHOULD BE UNERAL DIRECTOR REAL WITH WINDOWS, WARYL		SIGNATURE (SIGNATURE (SIGNED) M.D. DEPUTY MEDICAL EXAMINER SIGNED	12-01-86
O MEDICAL EXAMINE	AGE 4 SHOULD BE O FUNERAL DIRECT FOR DEATH, WITH ALLIMORE, MARYL		EXAMINER'S NAME (TYPE OR PRINT) M.D. Deputy MEDICAL EXAMINER DATE SIGNED ADDRESS 695 America Ort. Davidsonville, M.D.	1.21035
TO MEDICAL EXAMINE	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W  TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.  AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D  BALLIMORE, MARYLAND, 21201 PRORTO BURIAL, CREMATION, OR REMOVAL.		SIGNATURE (SIGNATURE (SIGNED) M.D. DEPUTY MEDICAL EXAMINER SIGNED	1. 21035
07/84 RP		10	EXAMINER'S NAME (TYPE OR PRINT) M.D. Deputy MEDICAL EXAMINER SIGNED AND DEPUTY MEDICAL EXAMINER SIGNED AND ADDRESS 695 America Ort. Davidsonville, M.D. Deputy Medical Examiner SIGNED AND DATE SIGNED AND DAT	i. 21035
07/84 BP		10	EXAMINER'S NAME (TYPE OR PRINT) WIlliam P. Jones, M.D. ADDRESS 695 America Ort. Davidsonville, M.	i. 21035
07/84 BP 25M		10	EXAMINER'S NAME (TYPE OR PRINT) M.D. Deputy MEDICAL EXAMINER SIGNED AND DEPUTY MEDICAL EXAMINER SIGNED AND ADDRESS 695 America Ort. Davidsonville, M.D. Deputy Medical Examiner SIGNED AND DATE SIGNED AND DAT	i. 21035



		1.	FOR		DEPARTM		OF MARYLAND		NESS 65	3 3	0	8
0.0		11	- STATE REGISTRAR				CATE OF DEA		REG. NO	).		EST
UZ	75331	(DI	CEASED NAME FIRST	MIDDI	E	LA	ST	2	a. DATE OF DEATH		YEAR	b HOUR
4	deoth deoth		ANNIE	LUC	INDA	WYA	rŢ		DECEMBER	11, 1986		3:30 M
1	0	3. SE	X	4. RACE	red :	5. DATE OF	BIRTH	YEAR 6.	AGE (IN YEARS LAST BIRT	MONIH		HOURS MIN.
	director hours off		Female	White		Apri		005	81	YRS.		
	unerol di hin 72 ho	7a E	Wirthplace (State or Foreign Wirtinginia	76 CITIZEN OF WHA		MARRIED WIDOWED	NEVER MAR	RRIED .	ANNE ARUN			MD
	by the fu	4	GLEN BURNIE		ARUNDE	L HOS		II NOITU	Ret. Seam		KIND OF DUSTRY	BUSINESS OR
2	filled in	13a.	STATE Maryland	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE CITY OR TOWN Hanover	ADMISSION)		o 🗡	7398 Camel			21076
	ompletely o o 2 sh	14. F	Robert		eidner		15 MOTHER'S M FIRS LEO	na	WIDDLE		Trer	nt
	and co	16a.	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C)	DE MAR OR DATEST	SOCIAL SECU 28-20-4		Mrs. Po		Same as 13			
1	ent, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSED)	only one couse per line SED BY: ATE CAUSE (o)	Ip ( ), one	wal	ing b	ment		-	APPROXIM BETWEEN OF	ATE INTERVAL USET AND DEATH
	that the ottened by the ottened by the ottened crubal by cremation, etc. other traumatic etc.		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.		A CONSEQUE	nove.	scule	w/ k	Teerdent	-		
	been signed mit Then plumit Then plumit To burn only injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT				NOT RELATED TO		20a AUTOPSY?	20b. IF YES, WEI	RE FINDING	
,	W 0 0 W	ZI SIE	21g. ACCIDENT WAS UNDERLYING	1216 TIME OF IN	IIIDY		71, HOW MILE	DY OCCUPAN	YES NO	IN CERTIFYING YES		NO [
	ending physicion this certificate ha te burial-transit p ad Mental Hygien d or item 18 show	20	OR CONTRIBUTING CAUSE OF D	EATH HOUR A.M.	MONTH DA	YEAR 19			D (ENTER NATURE OF INJUR	TIN HEM IS PART I	RPART 2)	
		MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF I	NJURY FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	Q.	CITY OR TOV	wn c	OUNTY	STATE
	ospital ar att eCTOR. After d for use as t t of Health a m 21 is marke		22a.t certify that (I) (this has sow the deceased alive a above, (I) (we) (did it	00	11/ 19 5			ur) opinion de	to	17	from the co	not (I) (we) last ouses stated
	DIRE he		22b. SIGNATURE	semo			PH'	ENDING P	MEDICAL STAP	F	12 DATES	12/86
	TO FUNERAL should be detailed with the Store		CHACKUMKAL V		M.D.		22e ADDRESS		LLHAM AVEN		1061	
(	5 5 6 8 3 7 +	23a	BURIAL, CREMATION, REMOVA			NAME OF CE	METERY OR CRE		23d LOCATION			
	BP		Burial	Dec. 29,	86 Wo	odlaw	n Mem. G	ardens	Norfolk	cou		Virgin
D	HMH - 16 60M 7/84 (VRA 15, 4)	24	James S. Kir	kley, Glen	Burnie	, MD	21061	250 DATE I	C 1 6 1986	256. REGISTRAR'S	SIGNATU	RE CONTRACTOR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21/201

